

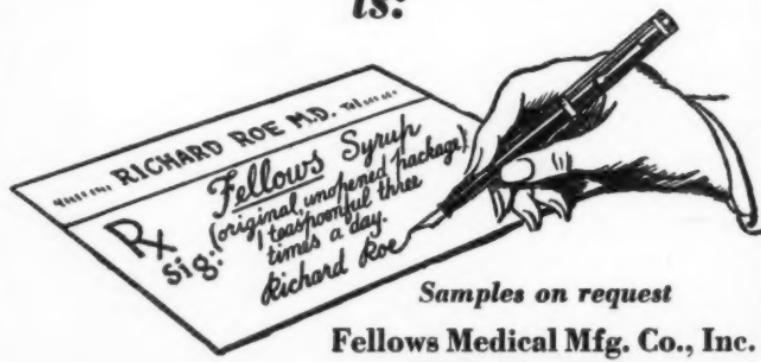
MEDICAL ECONOMICS



JANUARY, 1938

WHEREVER and WHENEVER
MINERAL METABOLISM
is important,
the hydrogen-ion balancing
qualities of
FELLOWS'
Syrup of Hypophosphites
have a distinct and
important place.

*All that's necessary
is:*



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MEDICAL ECONOMICS

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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H. Sheridan Baketel, A.M., M.D., *Editor* • William Alan Richardson, *Managing Editor* • J. T. Duryea Cornwell, Jr. and Arthur J. Geiger, *Associates* • Russell H. Babb, *Advertising Manager* • Lansing Chapman, *Publisher* *Copr. 1938, Medical Economics, Inc., Rutherford, N.J., 25c a copy, \$2 a year*



Antiphlogistine pneumonia is applied

January . . . February . . . March
— are the "pneumonia months" of the year

When pneumonia first threatens, Antiphlogistine, used as a local adjuvant, is one of the most valuable aids at the command of the physician. • When the disease is established, it is equally valuable, no matter what the type of pneumococcus. • It is compatible with serum therapy and all other forms of medication and it affords the most efficient means of applying prolonged moist heat topically.

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The needle shown at the left, under the B-D Kaufman Syringe, is a B-D Yale Rustless 19 gauge 2-inch, such as is recommended for phleboclysis.

The B-D KAUFMAN SYRINGE in the Operating Room

THE B-D Kaufman Syringe—made either with a regular Luer slip tip, or with the B-D Luer-Lok tip as illustrated—has found a remarkably wide field of usefulness. Used with a B-D 300 cc. gravity tube, a glass observation tube, and B-D rubber tubing (Outfit No. K606/0, price \$6.50), it is standard equipment with many surgeons for following operations:

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INTRAVENOUS CHOLECYSTOGRAPHY Needle, 19 gauge 2".

In all these operations and in others of similar character, the B-D Kaufman Syringe gives perfect control of the injection. No air can enter the vein, for the circuit is always closed whether the plunger is *in*—to interrupt the flow, or *out*—to permit passage of the solution.

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★ SPEAKING FRANKLY ★

ADDENDA

TO THE EDITORS: I have just finished reading your December article, "Put It in Writing!" which discusses the advisability and technique of giving written instructions to patients.

There are several additional advantages to doing this, which the author did not mention.

In the first place, such instructions reflect favorably upon the practitioner who writes them. Patients and their friends are bound to be impressed with the physician's knowledge and painstaking exactitude.

Secondly, this practice is another link in the education of the laity about things medical. Such increased lay knowledge begets a better understanding between the profession and the public and helps to cement the physician-patient relationship.

Finally, this procedure implies that the practitioner is conversant with current medical literature and that his directions are beyond criticism. Patients—and other physicians who may see the written directions—realize, of course, that this keeping up to date demands constant study and reading.

M.D., Minnesota

BENEVOLENT

TO THE EDITORS: The letter you published recently from that Boston doctor on relief affected me deeply. His case should teach us the need of organizing a nationwide benevolent order with branches in every state.

The object of this organization

should be to render immediate relief to any physician in need, and also to help him find a medical post through which he can help himself and family.

I dare say that a number of our colleagues are in a predicament similar to that of our Boston brother. But they are probably reluctant to make themselves heard. The organization which I propose, and which I hope will receive unanimous support, could take good care of needy practitioners, including those timid ones who otherwise might die of starvation.

S. Schiffmann, M.D.
Newark, N. J.

CAKE

TO THE EDITORS: As you say in your November and December issues, "Interns Can Take Money." But why?

The young graduate in medicine is at the threshold of a vast field for practical experience. Up to the time of graduation he has been fed only the theories of medicine.

Yet he has paid tuition gladly for the privilege of his education up to that point.

During his senior year in medical school, the student applies to hospitals all over the country in an endeavor to gain admission as an intern. When making such application, no thought is given to the compensation which may be allowed him in return for his services. Money is then a secondary matter, the primary object being to get into a good hospital.

The intern who is really conscientious in his will to work knows that

Non-irritating
sterile.

A boon to catheterization—K-Y Jelly. It is greaseless, water-soluble and transparent. Ideal for gloves and instruments. Harmless to rubber. Formula: Irish moss, tragacanth, glycerine, water, boric acid.

K-Y
LUBRICATING JELLY

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

ORDER FROM YOUR DEALER

he is not laboring for the money he is to receive, but for the experience.

After all, it is not the hospital that reaches out for the intern, but the intern who beseeches the hospital to take him in. Hospitals of the better class are flooded with applicants every year.

The intern cannot have his cake and eat it too.

I agree with Dr. S. S. Goldwater [New York City's hospital commissioner]. A half million dollars annually would go further toward providing better hospital facilities than it would toward paying interns. Moreover, the interns would benefit more in the long run.

A. Abramson, M.D.
Alexandria, Va.

KIDD

TO THE EDITORS: After reading an article in one of your recent issues, titled, "Collection Pirates," I am prompted to tell you of an experience which we in this community had recently with just such an outfit.

A representative of a Chicago concern came to my office soliciting delinquent accounts. He stated that his organization was not a collection agency but a loan company, that it contacted delinquents personally and loaned them money with which to pay their doctors' bills. In return for this money, he said, the company took a note bearing 6% interest. It also charged the doctor at the same rate.

This agent secured accounts from several doctors here. Although he assured each one that he would hear from the company promptly, no word whatever has been received. Quite a few of the accounts have been paid

directly to the company, and receipts have been issued to which doctors' names have been forged.

Thomas E. Dixon, M.D.
Mooreland, Okla.

STARTER

TO THE EDITORS: An article published by MEDICAL ECONOMICS [January issue, 1935, page 18] about a cooperative collection agency established by doctors in New Orleans caught the attention of a group of doctors here in Orange County, Cal.

In April, 1935, a committee, appointed by the local medical association, organized and incorporated the Orange County Medical Bureau. Each doctor who signed as a member was assessed \$10. I was put in as manager with one girl as assistant. We opened an office, and the doctors sent in about 1500 accounts as a starter. By May 15 we were off.

Four months later we had lifted ourselves out of the red. We have gone ahead consistently ever since. Our equipment is entirely paid for; we have no debts; our employees have increased from two to five; and everything looks promising for the future.

Thought you'd like to know.

Robert Speed, Manager
Orange County (Cal.)
Medical Bureau

GAUNTLET

TO THE EDITORS: I have just read a letter in your Speaking Frankly department about osteopaths and the treatment of football injuries.

It is not a "mistaken idea" that osteopaths know more than "physicians" do about such injuries. The proof is that coaches are wise enough



Soothing and corrective principles of Kao-Mucin C. P. Co. (concentrated okra) are skillfully combined with healing and cell proliferating qualities of Allantoin (famous development from maggot therapy). Packages of 100 tablets. Write for literature and samples.
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Sinus Infections in Children

ARGYROL



In children affected by anorexia, constipation, secondary anemia and generally lowered resistance, sinus infections often develop after a "cold," particularly at this season. Attention to the constitutional factors and the local application of tampons saturated in 10 per cent Argyrol solution after the method of Dowling, are highly recommended by a noted New York pediatrician (C. G. Kerley). Applied every 5 or 6 days, excellent results are reported. Argyrol is particularly effective in these cases because of its noted decongestive and detergent influence on the highly inflamed nasal tissues.

Sui generis, Argyrol is not just another "mild silver protein." It is a unique chemical compound, chemically different from other silver salts. The prototype of mild silver products, Argyrol has never been successfully duplicated; none other contains silver in the same physical and chemical state, nor protein of a similar high quality or suitability. *Argyrol is the only silver salt which does not become irritating with increased concentration.* Your insistence on having the name BARNES on all solutions ordered or prescribed by you will insure the results you expect.



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to know where to send boys with injuries. They realize that when they refer a boy to an osteopath something will be done to cure his ailment and to get him back in the game in the shortest possible time.

The osteopath is trained in joint, ligament, and muscle work. So he does much more than hand out a liniment, tell the boy to rub it in, and assure him that he will soon be better.

I have taken care of football injuries for the past twenty years. For that reason, I know something about the subject.

Your correspondent states, "These students, the coming generation, will remember this. Often they will become regular attenders at osteopathic offices."

The foregoing is absolutely correct. I personally have many men as patients who remember what I did for them when they were in school.

Ernest A. Fessenden, D.O., M.D.
Wakefield, Mass.

STUFFING

TO THE EDITORS: May I suggest that your advertisers omit the term, "professional sample"?

The psychology of such a designation is faulty. The doctor has not time to remove those labels though he knows his patients may be skeptical of samples. Hence, many drugs that might be tried clinically in private practice are used to stuff the waste basket.

F. D. Suttenfield, M.D.
Washington, D. C.

EAGER

TO THE EDITORS: I am a senior in the medical college of Ohio State University. Recently I wrote to several of the larger and better-known drug firms, asking that I be placed on their mailing lists to receive their periodic publications. In all cases except one, I received a form letter stating that the company's policy was not to send

literature to medical students.

Obviously, one of the purposes of such concerns is to make a legitimate profit. Might it not be a good idea, then, if they got off to a good start with the potential M.D.'s, their future customers?

Being a medical student myself, I know how eagerly such material is read by fellows in school.

Medical Student
Columbus, Ohio

DOGS

TO THE EDITORS: Recently I received a form letter from the local antivivisection society. In it that worthy group set forth the amazing news that members of the medical profession are losing several million dollars every year to the lesser gentry of the healing art—this, because a long-suffering public has at last arisen in protest against a class of men who openly advocate vivisection.

There is no point in discussing here the pros and cons of the question. Rather, I wish to call attention to the pernicious effect of such propaganda upon the layman who never hears the other side of the story.

Every dog-owner who loves his animal is extremely susceptible to appeals made by a group of people who have found antivivisection a lucrative business. Under the influence of this propaganda, the average layman comes to attribute alleged animal-torture to physicians, failing to realize that they have nothing to do with most animal experimentation.

There is educational talk via the radio about syphilis and other timely medical topics. Why not broadcast the truth about vivisection, too, and what it has done for the human race?

M.D., Chicago

MEAT

TO THE EDITORS: I have had an opportunity to compare postgraduate work in the same field at several clinics



PYROGAWZ is supplied in following sizes: 3 in. wide, 1 yd. long and 3 in. wide, 5 yd. long.

Now-

Therapeutic Gauze That Does Not Stick!

PYROGAWZ

Trade Mark Reg. U. S. Pat. Off.

We now introduce nationally to the medical profession PYROGAWZ, a sterile gauze strip holding a film composed of a special bland antiseptic

base in which has been incorporated Tannic Acid, Ichthyol and Benzocaine. All ingredients are either C.P. or U.S.P.

Application—cut off, apply and bandage. *Relieves Pain Quickly*—15 to 30 minutes. *Redressing Easy*—and comfortable; *does not stick to wound*. *Non-Toxic*. *Aseptic and Antiseptic*—acts twenty-four hours a day. *Rapid Healing Power*—about one-half the usual time. *Minimum Scars*—mild astrin-

gent action on granulation tissue. *Portable*—easily carried in your bag. *Proven* by three years use by surgeons.

For lacerations, cuts, abrasions, burns (all kinds), varicose ulcers, surgical packing, hemostatic packing, eczema (certain kinds), itching or painful eruptions. We invite all members of the medical profession to take advantage of our special introductory offer.

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Doctor

Address

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both here and abroad. After doing so, I am overwhelmingly in favor of European study—especially in Vienna. If, to put it inelegantly, you want a lot of real meat to chew in a short space of time, Europe is the place to get it.

Meeting the head of a clinic in the United States is often a long-drawn-out ordeal. Moreover, it seldom results in more than a half-minute conversation and an invitation to join him in making the rounds. Only unusual conditions are commented on, as a rule, and the beds passed by give no clue as to other results.

In Vienna, however, for 150 years, a substantial interest has been shown in postgraduate courses. The professor is easily reached, he is receptive to your questions, and he promptly takes you over the hurdles—all of them. Close connection is maintained, too, with the pathological laboratory, especially in the matter of fresh cadaver surgery.

Only an inveterate time-waster could help receiving a maximum of value from a short course of study in Europe. In the United States, on the other hand, it has been my experience that opportunity is a difficult and sometimes impossible thing to secure.

M.D., Illinois

"PLEASE!"

TO THE EDITORS: This letter concerns a complaint common to many secretaries and nurses in doctors' offices.

We do not have an afternoon free to ourselves. We work hard every day. Yet on our lunch hour, we have to run errands for the doctor or his wife—go to the bank, post office, library; buy socks, ties, shirts, etc. Moreover, we're supposed to be back at the office within an hour.

When are we supposed to eat? When do we do a little shopping for ourselves?

The office closes approximately at five; the stores, at five-thirty. So

there's no time after office hours either.

Think it over, doctor. Be a little bit considerate of the girl in your office.

Secretary to Two Physicians
Detroit, Mich.

"BRUSH UP!"

TO THE EDITORS: There are men in the medical fraternity, unfortunately, who will stop at nothing short of murder and treason to retain or to secure a new patient. Such men are invariably on the witness stand testifying against their colleagues in malpractice suits . . .

If each practitioner were compelled, through his state society, to pay his share of damages awarded by juries on all suits occurring in his respective county, there would be far less litigation. More attention would, at the same time, be given to rigid enforcement of medical ethics.

If your competitor is more competent than you are, don't knife him in the back. Just replace the moth-eaten, time-worn volumes in your library with current periodicals, close up shop for a spell, and take a graduate course in medicine.

Brush up!

Get abreast of the times! Meet competition cleanly with what it takes to succeed!

If you deliver the goods, all the competition in the world cannot shake your composure.

Paul E. Craig, M.D.
Coffeyville, Kansas

NEGLECTED

TO THE EDITORS: So many times when we go to a medical meeting or attend postgraduate courses, the specialties are emphasized. Yet what we general practitioners really need is instruction on such subjects as "The Care of Pneumonia at Home," "Home Deliver-

For Children's Colds



Each tube is packed with benzyl methyl carbinamine, S. K. F., 0.325 gm.; oil of lavender, 0.097 gm.; menthol, 0.032 gm. "Benzedrine" is the trade mark for S. K. F.'s nasal inhaler and for their brand of the substance whose descriptive name is benzyl methyl carbinamine.

IN prescribing 'Benzedrine Inhaler' for children's head colds, you are providing a first aid remedy which may prove of constant service.

At the first sign of a cold the child is instructed to use the inhaler. Since benzyl methyl carbinamine is volatile, it penetrates to areas not readily accessible to liquid inhalants, and there is no oil to be aspirated and become a potential source of later trouble by accumulating in the lungs. (Graef—Am. J. Path., Vol. xi: No. 5, Sept. 1935)

For the adult members of the family, 'Benzedrine Inhaler' is equally useful.



BENZEDRINE INHALER

A Volatile Vasoconstrictor

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For ECZEMA



Black Tar
Ointment Burns
-Stains-Pustu-
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Ointment White-
No Stains-No Burns
-Effective.



An authoritative work on Eczema therapy states: "There has recently been perfected a colorless coal tar which has been tested by us in several hundred cases. It has proven as valuable as the black coal tar preparation, and the advantages of the diminution of the black color is perfectly obvious... It does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulations following its application. It can remain on the skin indefinitely without fear of dermatitis."*

The name is Supertah Ointment (Nason's)

SUPERTAH is a white, creamy ointment prepared from a concentrate of crude coal tar, uniformly milled in proportions to equal either a 5% or 10% crude tar ointment. Extensive clinical tests prove it equally as efficient as black tar ointments. More than 50,000 physicians have tested it in practice. In two years, physicians' prescriptions have increased nearly 400%.

We invite you to try SUPERTAH at our expense. The coupon below brings samples in both 5% and 10% strengths, without charge. Please give your complete address to assure prompt delivery.

*Swarts and Reilly "Diagnosis and Treatment of Skin Diseases", p. 66-7.

SUPERTAH (Nason's)

TAILBY-NASON COMPANY
Kendall Square Station, Boston, Mass.
Samples, please.

Dr.
Address

ies," "Care of the Common Cold," "Therapeutics of La Grippe," etc.

I received absolutely no training of this kind in school. My colleagues and I have had to devise our own methods of treatment. Hence, no two of us follow the same procedure.

I enjoy your magazine. I've read it for seven and a half years—ever since I began to practice. Thanks!

M. D. Ballard, M.D.
Baldwin, Kansas

CODDLED

TO THE EDITORS: It isn't the high cost of doctoring that ails this coddled land. It's the high cost of non-essentials.

The proletariat have plenty of money for liquor, gasoline, and entertainment; but when it comes to paying a physician, they raise their hands in Soviet horror.

The government—federal, state, county, and city—falls all over itself giving the best medical care free to any loud-mouthed chiseler. Yet the private practitioner is often underpaid and ill-used by those whom he seeks to befriend and help.

The various *mis*-governing bodies should pay the doctor for all free calls and office work. Despite current mush and ballyhoo, what the dear proletariat needs, often, is discipline—not petting.

George F. Campbell, M.D.
Los Angeles, Cal.

Mens Sana in Corpore Sano

For 47 years we have devoted ourselves to developing healthy minds in healthy bodies. As doctors well know, no school can do more for youngsters entrusted to its care.

Parents are cordially invited to visit the school to see 350 young men being educated and trained to become future leaders of America.

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Doctors write "BORDEN'S"

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Fruits are good but not practical for systemic alkalization. The patient whose condition is complicated by acidosis needs a more prompt effect than diet alone can give. His otherwise restricted food intake cannot be increased by an abundance of fruits and vegetables.

Systemic alkalization is made convenient and practical by ALKA-ZANE. In a palatable effervescent salt it supplies sodium, potassium, calcium and magnesium as citrates, carbonates and phosphates—the most assimilable forms of these salts. They assure quick action—economically. No sulphates, lactates or tartrates to interfere with results; no sodium chloride to lessen the effect. With Alka-Zane the alkali reserve is quickly replenished and satisfactorily maintained at its normal level.

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In the arthritides, in rheumatoid conditions, in myalgia, lumbago, and influenzal infections, Baume Bengué usually produces rapid relief of pain. Through local decongestant action and systemic salicylate influence, it quickly allays joint and muscle discomfort. Edema subsides, and greater motion becomes possible; resolution is promoted, and restoration of function is hastened.

The systemic action of Baume Bengué, produced by cutaneous absorption of methyl salicylate, never leads to the gastric irritation so often encountered in the oral administration of salicylates. A generous sample will be mailed upon request.

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101 W. 31st Street, New York

In MYALGIA, LUMBAGO, RHEUMATOID
AND ARTHRITIC CONDITIONS, INFLUENZA

Initiation in the Art of Dining . . .

Peggy Jane at 4 months

Here is Peggy Jane Nichols enjoying her daily ration of Clapp's Baby Cereal, placed on her diet list a month ago. Soon Clapp's Strained Vegetables will appear, one by one, on Peggy Jane's menus.

Most doctors find the texture of Clapp's Foods ideal—smooth, finely-strained, but not too liquid.



Peggy Jane's 8 months old

The spoon hardly travels fast enough to suit Peggy Jane now. And there's no monotony in menus, which now include Baby Soup, all the Clapp Fruits, and all the Clapp Vegetables.

These pressure-cooked foods are rich in vitamins and minerals, as Peggy Jane's excellent development demonstrates.



Peggy Jane at 11 months

Both capable and co-operative is Peggy Jane at mealtime. Clapp's Foods have been a regular part of her diet for 8 months, and her record shows uninterrupted gain and growth.

The formulae for all Clapp's Foods are perfected in consultation with pediatricians.



NEW!... Clapp's Chopped Foods

...coarsely divided foods for the older baby and the young child.

Uniform in texture—with all the advantages of Clapp's Strained Foods.

8 Varieties—Chopped Spinach, Beets, Carrots, and Green Beans; Chopped Vegetable Soup and Liver Soup; Chopped Prunes and Apple Sauce. Now at grocers' and druggists'.

FREE: May we send you booklets on Clapp's Strained Foods and the new Chopped Foods? Address Harold H. Clapp, Inc., Dept. MSJ, 777 Mount Read Blvd., Rochester, N. Y.

16 VARIETIES

Soups: Baby Soup (Strained), Baby Soup (Unstrained), Vegetable Soup, Beef Broth, Liver Soup. • **Vegetables:** Tomatoes, Asparagus, Spinach, Peas, Beets, Carrots, Green Beans. • **Fruits:** Apricots, Prunes, Apple Sauce. • **Cereal:** Baby Cereal.

Clapp's Strained Baby Foods





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Place it in a glass of water, and instantly Vince releases nascent oxygen. Into crevices difficult to reach otherwise in the oral cavity, this oxygen penetrates, cleansing, deodorizing, disinfecting. Potent as an antiseptic—yet mild and harmless when properly used as a mouth-wash and gargle. Vince is effectively employed in infections of the oral and nasal cavities and the throat, in Vincent's infection, tonsillitis, rhinitis. Vince is available in tins of 2, 5 and 16 ounces. A trial supply gladly sent on request. Please write on your letterhead.

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ZONITE, even when highly diluted, is a powerful germicide and fungicide. Diluted with an equal volume of water, Zonite provides a superior Dakin's solution *for instant use—no waiting or testing necessary.*

ZONITE is a powerful deodorant. It is non-toxic and may be used for internal administration.

ZONITE is superior to Dakin's solution at equivalent chlorine concentrations as shown by cell tissue tests. It is non-irritating as shown by tests on the ear of the rabbit.

ZONITE has the power of dissolving necrotic tissue and pus cells.

ZONITE establishes normal cicatrization of wounds in accordance with the formula of Du Nouy.

ZONITE DILUTED WITH AN EQUAL VOLUME OF WATER PROVIDES A SUPERIOR DAKIN'S SOLUTION FOR INSTANT USE—NO WAITING OR TESTING NECESSARY

Avoid chemically prepared solutions which are not accurately standardized and which deteriorate rapidly.

Avoid substitutes made from organic chlorine compounds which have no solvent action on necrotic tissue and pus cells.

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Don't Take
Chances!*

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Please send me complimentary bottle of Zonite.
 I am also interested in special prices to the profession.

Dr.....

Street.....

City..... State.....

NOTE: When you send in this coupon, please sign personally and clip to your professional letter-head. This request is made in order to prevent unauthorized persons from obtaining samples.

And now—

VI-DELTA EMULSION

Lederle

(VITAMINS A AND D)

ALTHOUGH IT IS more potent in Vitamins A and D than Cod Liver Oil, U.S.P.XI, this new emulsion has

- no fish-oil taste
- no after-taste
- nor does it cause flatulence

On the contrary, it tastes like orange syrup and children lick the spoon and beg for more. It can be flooded over ice cream to make an "orange sundae" and unsuspecting guests will pass their plates for second helps—it's been done!

The special feature is the new fish liver oil concentrate, derived from various fish (excluding cod) and balanced to a uniform high potency of Vitamins A and D. Unlike cod liver oil, whose inherent rank taste bursts through all disguises, this concentrate is practically tasteless; the flavor of the emulsion is only that of the materials with which it is blended: malt, sugar and natural orange juice.

To conform with familiar dosage practice, Vi-Delta is so balanced that each teaspoonful (4 cc.—5.2 gram) contains 3200 units U. S. P. xi Vitamin A and 400 units U. S. P. xi Vitamin D, same as "cod liver oil N.N.R." and exceeding "cod liver oil U. S. P. xi" (which has 2180 A, 313 D).

Packages:—8 oz. and 16 oz. bottles

LEDERLE LABORATORIES, INC.
30 ROCKEFELLER PLAZA NEW YORK, N.Y.



Prophylaxis and Treatment of Bacterial Infections of the Upper Respiratory Tract



HEXYLRESORCINOL SOLUTION S.T. 37 is unique among the antiseptics which are suitable for application to the tissues of the upper respiratory tract. It is not only germicidal *in vitro* and *in vivo*, but it is also non-toxic, non-irritating, odorless and stainless. Furthermore, it possesses low surface tension.

Hexylresorcinol Solution S.T. 37 should be employed in the nasopharynx full strength as a topical application or in dilution as a spray. Where it is desired to apply an antiseptic to the pharynx, larynx and trachea, the use of a spray of Hexylresorcinol Solution S.T. 37 is especially indicated. For use with spray equipment, the physician may prepare stock dilutions of Hexylresor-

cinol Solution S.T. 37. These dilutions are stable and will not attack metals.

As an antiseptic irrigating solution, a dilution of one part Hexylresorcinol Solution S.T. 37 with two to four parts warm water is suggested. For localized infections, apply full strength. For prolonged action, a saturated tampon or cotton pledge, where its application is feasible, may be employed as a wet dressing, using a dilution of two to four parts of warm water.

• • •
Hexylresorcinol Solution S.T. 37 [1:1000 Solution of Caprokol (Hexylresorcinol, S&D)] is supplied in convenient five-ounce and twelve-ounce bottles.



"For the Conservation of Life"

Pharmaceuticals **SHARP & DOHME** Mulford Biologicals

PHILADELPHIA

BALTIMORE

MONTRÉAL

★ SIDELIGHTS ★

THE HORATIO ALGER-LIKE RISE of the indigent citizen to a more substantial position may be an overworked theme in literature. But it is still more common than is generally supposed in life.

Physicians, like the rest of the population, are inclined to overlook this fact. Thus, they often lose legitimate fees.

When a penniless patient applies to you for treatment, you may refer him to the local welfare department; or you may take the case in your own office. If you treat the patient yourself, don't forget about a bill. Instead, make it clear to the patient tactfully that if he or she gets a job or obtains money later, you expect compensation—either in full or at a reduced rate based on subsequent ability to pay.

We know of a surgeon who was deprived of an outstanding fee by lack of just such an understanding. He had become interested in the case of a young girl who had been badly burned in an accident. He recommended that she be treated to avoid disfigurement. Her reply was that she had no money. So he told her to come to his office as a free patient.

For two years he attended her. Gradually she was restored to some semblance of her former self. When the work was completed, she thanked him profusely and departed.

Not long afterwards the papers reported that this patient had been awarded a judgment of \$12,000 as a result of the burn. Her lawyer got a large slice of the money. The doctor,

of course, received nothing.

In such matters, physicians may well learn a lesson from the methods of their legal brethren. Let them, like lawyers, put their charity, when possible, on a contingent basis. Then, like lawyers, they may sometimes collect. They certainly have nothing to lose.

WHEN SOCIALIZED MEDICINE walks in the door, professional standards fly out the window. Dr. A. J. Cronin, English physician-writer now visiting the United States, showed that pretty clearly in his novel, *The Citadel*. Further confirmation is found in the startling experience of a Viennese specialist, reported recently in a New York newspaper.

This physician received a hurry call from the U.S.S.R. Josef Stalin was ill. Arriving in Moscow, the foreign doctor asked for his patient. He was led to six men, all of whom were alike in



three ways. They refused to talk, were almost identical in appearance, and wore Stalin mustaches.

Repressing his curiosity, the Austrian physician went to work. His examination disclosed that some of the six were absolutely healthy while

others were suffering from various ailments.

He treated the sextet for ten days. Then, without receiving an explanation, he returned to his homeland. He still doesn't know which one was Stalin.

When we read of this incident, we felt an irrepressible urge to get Mr. Stalin in a room, shut the door, and ask him a few questions like these:

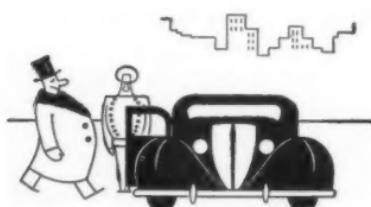
Why, Mr. Stalin, when you suspect germs of disporting in your private pasture, do you overlook home medical talent?

Why not report to one of the government clinics which your own propagandists describe as the *ne plus ultra*?

In illness, all men are brothers. From the highest to the lowest, they act on the strength of their innermost convictions. It is a splendid moment to judge them—not by what they preach, but by what they do.

The tragedy in this instance is not that Mr. Stalin doubts the efficacy of socialized medicine, but that the Soviet's 160,000,000 potential patients have no such protection as that on which their dictator can rely.

WE HAVE A FRIEND whose self-satisfied look around the first of each



month speaks for itself. He seems to have no collection worries at all.

We thought he might have some magic formula we could pass on. So we asked him about it.

No, he said, there is no magic to it. He simply treats every unpaid bill as an individual problem; and when his

statements bring no response, he finds out *why*.

The cause of non-payment, he maintained, is the key to the situation. Unless you discover it, you'll whistle for your fees. It's no use sending out bills blindly and indefinitely.

Perhaps the patient has moved. Possibly he's confronted with what seems to him a more pressing obligation. Maybe he's reluctant to offer the physician \$5 toward a \$50 fee.

Our friend has become an expert at getting at the root of people's failure to pay and helping them arrive at a solution. The result is that many former slow-pays now remit promptly. Others—potential deadbeats through lack of money to meet large medical bills—are now discharging their obligations on the instalment plan.

Curiously enough, too, the doctor has established himself meanwhile as a humanitarian. His patients are grateful to him for his help in ironing out their finances.

LAST MONTH Dr. Seymour Strauss lay ill in a Nebraska home. A sympathetic family had taken him in after he had collapsed in the street. He was suffering, it was found, from starvation and exposure.

You may never have heard of Dr. Strauss. He is just another young physician trying to start a practice. But in 1933 he did an outstanding thing. He wrote an essay called "The Price of Courage." The *American Mercury* gave him \$150 for it. The money came in handy. For the youth's father had killed himself after losing all his money in the stock market.

The Strauss family were left destitute. But despite such a setback, the son never gave up his ambition to become a doctor. He got a job and studied medicine at the same time. Somehow he managed to get his M.D. Then luck, for the first time, seemed to smile. A Julesburg, Col., physician, who had become ill, gave him the op-

portunity of taking over his practice.

Dr. Strauss didn't have a car. In fact, he didn't even have the train fare. So he set out to hitch-hike the long distance to Julesburg. For ten days he traveled. The last four days his funds were so low he had only a cup of coffee each day. In Kimball, Neb., he collapsed. He had paid "The Price of Courage."

Were this a solitary case, it would still be deplorable. But there are other Dr. Strauss. Young men with an M.D., an internship, ambition—and empty pockets.

How can they support themselves until they establish paying practices?

Some recent graduates, of course, are able to secure funds from their families. Some get salaried positions with older practitioners. Others affiliate themselves for a while with commercial concerns or join one of the government services.

But what about the man who has no private means, who can not get a salaried job, and whose real need is for a loan with which to set himself up in private practice?

Banks and commercial loan agencies offer no solution, unfortunately. They require either collateral, which the needy young doctor doesn't have; or co-signers, which he prefers not to get.

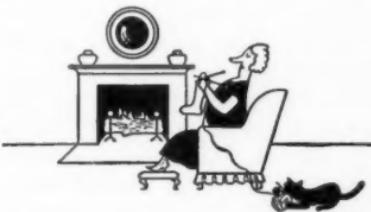
Nor can aid be obtained, as a rule, from medical societies. About the only loan organization operated by medical men is the Physicians Equity Credit Union, of New York City. And this group has but a limited fund available to its own members.

It is barely possible that the foundations might be induced to help. These organizations spend millions annually on philanthropy. And in just the last three years their number has grown from 191 to 287. Only a pittance of their capital would be needed for this purpose. Nor would it constitute even an expenditure, since the money would be *loaned*.

Certainly, the whole question begs

consideration by medical societies and individual physicians who are in a position to help.

PERHAPS YOU THINK you have the most old-fashioned wife in the world. But no matter how comfortable she looks at the family hearth, her thoughts are probably out somewhere in this masculine world. Even as she knits,



she is dreaming of a career. Not your career, incidentally, but *hers*.

Some surprise was expressed recently by members of the Philadelphia County Medical Society when they discovered this. Conducting a cancer-prevention campaign, they had sought the aid of various women's organizations in a routine way.

They were amazed at the result. Overnight the ladies became the most vociferous adherents of the cause. Due to their cooperation, the drive went over with a bang. Their husbands were duly impressed. They are now humbly inviting the weaker sex to aid them in other publicity work.

There is no reason why this teamwork can't be duplicated elsewhere. Almost every county society has a women's auxiliary. Its members can carry educational work into fields hitherto neglected.

No wife worth her salt is going to spend her time in pink teas when she can be performing a service of value to her husband. But it's only feminine to wait to be asked.

Why not make the first move? She'll probably welcome the opportunity; and everyone concerned will benefit by her assistance.

SIMPLIFY YOUR TAX



I ONCE MADE a mental list of things I detested doing. Reading the fine print on my insurance policies was one of them. Waking up at 3:00 A.M. to answer the phone was another. My *pet* hate, however, was juggling income-tax figures.

I realized somewhat vaguely that adequate financial records were the only aspirin for that annual tax-return headache. But I never got around to doing much about it—largely, I imagine, because I had never run across any records that I could understand or keep without the aid of an auditor.

Most of the time I practiced sidestepping the issue. I became positively agile at it.

Only when January came around and my rendezvous with the tax collector began to approach did I face the situation. Around the latter part of the month I could be seen glancing furtively at my ledger. What I discovered there, or rather what I *didn't* discover, was enough to make my hair stand on end....

But that was before the—or, more accurately, *my*—reformation. I am now using a simple financial-record system which solves the problem to a T.

Let me tell you about it:
The equipment is simplicity it-

self. It consists merely of a loose-leaf ring binder containing daily record sheets, monthly summary sheets, and a yearly summary sheet. Each sheet measures 8½" x 11". They are used as follows:

Daily Record Sheets.—These are dated for each day. Spaces are allowed on each sheet in which to enter the names of patients seen that day. The amount of your fee is entered in either the "Paid" column or the "Charged" column, directly opposite. Every day the columns are totaled and the proper entry made in the space marked "Total day's business."

If bills are collected for services rendered previous to the current day, the names of those who pay and the amounts paid are entered in the "Bills collected" section. Here, again, the column is totaled each day. It is then added to the current day's cash collections to equal the "Total day's income."

In the section headed "Disbursements," you explain your expenditures briefly, entering each amount in the "By cash" or "By check" column. Do not omit entering also the amount in the "Distribution of disbursements" section. Assume, for instance, that the operation of

1. DAILY RECORD →

RETURNS

WITH THESE THREE RECORD FORMS

BILLS COLLECTED			
NAME AND REMARKS	AMOUNT	NAME AND REMARKS	AMOUNT
Nancy Fowler	16.00	FORWARDER	\$1.50
Jerome Vogan	8.00		
Alex Wolf	7.50		
		TOTAL BILLS COLLECTED	\$1.50
		TOTAL PAID TODAY	10.00
FORWARD	\$1.50	TOTAL DAY'S INCOME	\$1.50

SUMMARY FOR THE MONTH OF JANUARY 1936

DATE	TOTAL DAY'S BUSINESS	TOTAL DAY'S INCOME	TOTAL DAY'S DISBTS	DISTRIBUTION OF DISBURSEMENTS					IMMEDIATE MATERIAL
				PERSONAL	OFFICE EXPENSE	TRAVEL EXPENSE	MOTOR	MAINTENANCE	
1									
2									
3									
4									
5	55.00	41.50	69.90	20.00	3.50	40.00	2.40		4.00
6									
7									
8									
9									
10									
11									
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28									
29									
30									
31									
TOTALS									

TOTAL MONTH'S BUSINESS

\$ _____

TOTAL MONTH'S INCOME \$ _____

TOTAL MONTH'S DISBURSEMENTS \$ _____

NET GAIN OR LOSS \$ _____

2. MONTHLY SUMMARY

your car is to be charged as an expense. If gas and oil are paid for by \$2.40 in cash, the amount is entered in the "By cash" column and also in the "Automobile" column.

Should your home and office be under the same roof, no doubt

some items are chargeable partly to your office and partly to yourself ("Personal"). Rent would be such an item. In this case the total rent—assume it to be \$60—is entered in the "By check" column; and, in the space for distribution, "Maintenance" is charged with \$40

SUMMARY FOR THE YEAR FROM 19 TO 19

MONTH	TOTAL MONTH'S BUSINESS	TOTAL MONTH'S INCOME	TOTAL MONTH'S DISBTS	DISTRIBUTION OF DISBURSEMENTS				
				PERSONAL	OFFICE EXPENSE	Maintain- ANCE	AUTO- MOBILE	MISCELLAN- EOUS
JAN.								
FEB.								
MARCH								
APRIL								
MAY								
JUNE								
JULY								
AUG.								
SEPT.								
OCT.								
NOV.								
DEC.								
TOTALS								

TOTAL YEAR'S BUSINESS

8

For income tax purposes a record should be kept of transactions which were not part of your practice and additions or deductions made accordingly to the "Taxable Income" figure.

TOTAL YEAR'S INCOME

TOTAL YEAR'S DISBURSEMENTS

NET GAIN OR LOSS

TOTAL YEAR'S INCOME
TOTAL YEAR'S DISBURSEMENTS
EXCLUDING PERSONAL EXPENDITURES

TAXABLE INCOME

MEMORANDA

5. YEARLY SUMMARY

and "Personal" with \$20. Five columns on the sheet are identified by headings; three are left blank so that you can choose your own additional disbursement headings.

Following are some suggestions as to the type of items to be entered under the different headings:

"Personal" (living expenses, professional travel, insurance, savings, etc.).

"Office expense" (salaries, telephone, insurance, stationery, stamps, drugs and medicines, minor instruments, etc.).

"Maintenance" (rent, heat, laun-

dry, gas and electricity, repairs, food, etc.).

"Automobile" (gas, oil, repairs, garage rent, insurance, etc.).

"Miscellaneous" (dues, membership fees, magazines, donations,

taxes, interest paid, etc.).

The totals of the "By cash" and "By check" columns indicate your disbursements for the day, and should balance with the total of the distribution columns.

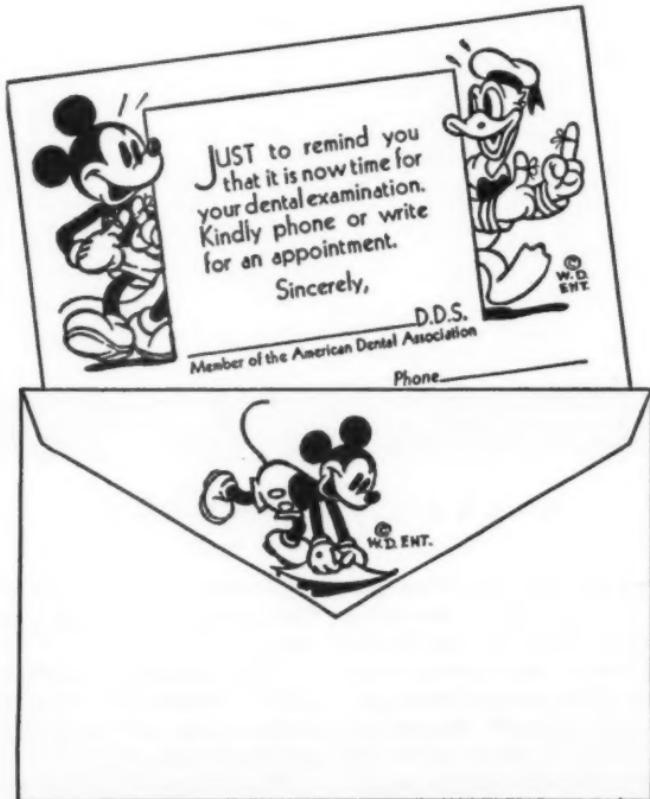
MICKEY MOUSE FOLLOW-UP

TO DENTISTS wondering how to recall children for examinations, the American Dental Association suggests, "Let Disney do it!"

Though a dental appointment is no matinee, Mickey Mouse and Donald

Duck are still good "box office" for dentists, according to the A.D.A. The whimsical reminders (see cut) are illustrated in four exciting colors.

The association gets them through Walt Disney Enterprises.



Monthly Summary Sheets.—At the end of each month the totals of the daily sheets are entered on the monthly summary sheet. Merely add the various columns on the monthly summary and stack disbursements against income in order to find out your net gain or loss.

The back of each monthly summary sheet provides a space for memoranda. This space may be used for recording such items as income other than from your practice; bad debts; profits or losses from the sale of property, stocks, bonds, etc. Extremely helpful, this, when income tax time comes around! Moreover, it prevents confusion of data relating to your practice with data about extraneous items.

Yearly Summary Sheet.—This sheet crystallizes the whole year's financial experience. In thirty seconds, if you can add fairly rapidly, you will know the amount of your taxable income for the preceding twelve months.

The satisfying feature of the system described is that it requires no bookkeeping skill. It's simple enough for a grammar-school youngster to operate; yet it reveals your financial whereabouts at a glance. When the government begins to ask questions, you will have the answers in black and white.

By means of the record forms described, it should be possible for you to prepare your next year's income-tax report in fifteen or twenty minutes. The only requirement is that you keep the record going from day to day. Cash transactions must be recorded as they occur. When they're not, accurate

monthly and yearly summations are obviously impossible.

If apathy still tugs at your coat-tail, and if you feel that even the simple system outlined here might not pay you, listen to this:

A recent survey of Michigan doctors disclosed that those with efficient accounting systems enjoyed 15% better collections than those without them. On this basis, the physician with an \$8,000 annual practice but with inadequate records could gain \$100 monthly by improving them.

Isn't that worth a few minutes of your time?

—MALCOLM L. MCLEOD

DR. H. S. DENNINGER, of Glendale, Cal., has a roomful of railroad—250 feet of track, five locomotives, refrigerator cars, tank cars, flat cars, a caboose, and a wrecking crane. All items, including railroad spikes, are exact miniatures on a scale of a quarter inch to the foot.

SOVIET hospitals rig bassinets with signal lights. The wings are hooked to strips of tinfoil under the sheets. When these are wet, the circuit closes, the lights flash, and a nurse comes running.

A MINNESOTA PHYSICIAN saves money by constantly feeding it to a slot machine. Here's how:

He gambles a lot. But he does not play public machines. Every night all his available quarters clatter into a machine installed in his home. At the end of each month the machine is opened up. It yields 85% of the money played. The house's "take" is then deposited in a bank.



EDITORIAL

TILL DEATH DO US PART

THREE primary classes of people need medical care: (1) the well-off, (2) the moderately well-off, and (3) the not-so-well off, or medically indigent.

The well-off are no problem. When they need treatment they simply get it and pay for it.

The moderately well-off used to be a problem, and still are to some extent. But all they require usually is time and urging and a fee commensurate with their means. Now that credit investigations, instalment payments, and business-like collection methods are coming into their own, the unraveling of this particular tangle should be simply a matter of time.

The real dilemma centers around group three: the not-so-well-off, or medically indigent. A solution has still to be found that can be applied successfully on a national scale. It is significant that neither the foundations nor the government nor organized medicine has yet discovered the way out.

Either the private physician must continue to treat the medically indigent free of charge. Or public funds must be appropriated with which to pay him.

If he continues to bear the burden himself, he is bound to find it increasing in magnitude from year to year. If, on the other hand, public funds are made available, two subsidiary questions immediately present themselves:

- 1. Can local funds be made to suffice?*
- 2. If not, can we get federal funds without strings?*

The answer to question two would certainly seem to be no. Past experience reveals clearly the quick, cancerous growth of new government bureaucracies.

Question one also suggests a negative answer, although it is within the realm of possibility that somehow enough money may be scraped together in most American communities so that the problem can be solved locally. Already a number of towns pay their physicians for treatment of the medically indigent. Perhaps other towns may find means of doing likewise.

One thing is certain:

Every last possibility should be exhausted before we accept compensation from Washington for the care of the medically indigent. Once we do accept, the marriage between medicine and government in this country will be sealed. And there won't be any divorce courts to sever the tie.

H. Sheridan Balketel

Here are 26 ways to save money on your insurance. More will follow next month. Any one of these Money Savers may save you \$10, \$50, or \$100, over a period of a few months. Mr. Giles is the author of a provocative new book, "How to Beat the High Cost of Living,"* a section of which this article approximates.

BETTER INSURANCE

FOR SMALLER

SUPPOSE you had bought retirement annuity policies in three leading life-insurance companies one year ago, and were buying similar policies in the same three companies today. On all six policies you pay the same premium—\$100 a year.

If you studied the 20-year cash surrender values as guaranteed in the six contracts, here is what you would find:

CASH VALUE AT END OF 20 YEARS			
	Bought a year ago	Bought today	Reduction
Company A	\$2561.00	\$2442.00	\$119.00
Company B	2617.00	2446.00	171.00
Company C	2561.08	2458.06	103.02

Why do recent insurance policies quote lower surrender values than those of a few years ago? Because—insurance companies, by law, must invest in gilt-edge securities on which the interest return has been falling steadily. For the same reason, insurance dividends have been getting smaller and smaller.

Hence the necessity of buying your insurance with increasing skill.

The Money Savers here are focused on that need. They will also answer some of your questions about the effect of further inflation on your insurance plans and holdings.

First, let us examine two case histories:

On January 1, 1917, John A. and Thomas B. were 35. On that date both passed their medical examinations with flying colors and took \$10,000 of ordinary life insurance. They chose different but equally sound companies.

For the twenty years since 1917 the net cost of A.'s insurance has been \$571.20 less than B.'s—enough to pay four years' taxes on his home!

Two other friends, Fred C. and Richard D. were 60 years old on

*A "find" for the physician who wants to save money on his taxes, rent, heating, and whatnot. Reveals 864 ways! Simon & Schuster, New York. \$1.

PREMIUMS

January 1, 1927. Both bought \$50,000 annuities in different but equally good companies. Every year C. has received \$150 more than D.—enough to pay his family meat bills for six months!

Many life-insurance agents avoid comparisons of rates and dividend records of different companies. Often it is because you, the buyer, think that a high rate means added safety, or that a low rate signifies weakness.

But all companies aren't equally sound—are they?

No. And as you want absolute safety, here is the simplest guide to it. Insure only in companies doing business in the states of New York and Massachusetts. Those two states are strictest in their supervision of insurance companies. Thus, if you live in Utah and are considering an Iowa insurance company, ask, "Does this company sell this identical policy in New York and Massachusetts?"

Generally speaking, a company

BY RAY GILES

with \$500,000,000 or more of insurance in force is safer than a smaller company because of its diversification of investments and diversification of risks both as to occupation and geographically. "Fraternal" insurance may be a questionable investment because the insurance is a side line and the fraternal organization's actuarial and investment experience is sometimes very limited.

Is there some simple way to understand the many different policies offered today?

Yes. About 100 different policies (some estimate 200) are offered today by life-insurance companies. Every policy is either one of the five following contracts or a combination of them:

1. *Ordinary life insurance* is the kind kept going year after year at

the same premium. Since it has an increasing cash value (against which you can borrow, or which you can collect if you wish to surrender the policy) it is a *savings* policy as well as insurance. At 60 the cash value may equal or exceed the total of your net premiums if you took the policy early in life.

2. *Limited-payment life insurance* provides that premium payments stop on a specified date although the insurance continues in force indefinitely. Naturally, the annual premium must be greater per \$1,000 than that for ordinary life.

3. *Term insurance* is good for only a certain number of years. It expires (unless renewed or converted into ordinary life) on a specified date and has no loan or surrender value. That makes it "pure" insurance, like your fire insurance. (One form of term insurance is renewable every five years until you're 60.)

4. *Endowments* combine a money-accumulation program with a small measure of life insurance. Premiums are considerably larger than for life insurance because the company agrees not only to pay a specified sum to your beneficiary if you die before the contract normally matures, but promises also to pay you the face value on maturity—10, 15, or 20 years hence.

5. *Annuities*. The two general classifications are (a) the immediate annuity, bought late in life for high income which continues as long as you live, and (b) the deferred or retirement annuity, usually bought before fifty to assure income after retirement.

With these basic ingredients insurance companies create combina-

tions. Variation is increased still further by (a) varying the settlement provision—payment of full principal, payment in income, or a combination arrangement; and (b) variation of premium charge—on a level or variable scale.

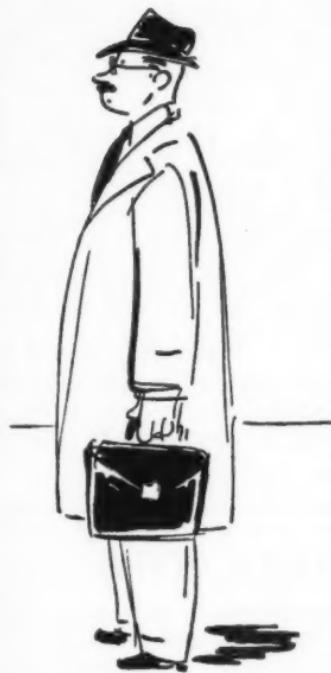
In considering life-insurance companies, look at their dividend records as well as their rates per \$1,000.

Following are 20 actual case histories of 20 different policies for \$10,000 of ordinary life insurance in 20 companies taken by men at age 35. After 20 years here is what was found:

Name of company	Total of 20 net premiums (premiums less dividends)	Cost if surrendered end 20th year	Surrender value as % of total premium*
N'rthw'st'n Mut.	\$3666.40	\$ 390.60	89.3
Mutual Benefit	3734.30	458.50	87.7
Mass. Mutual	3821.00	545.20	85.7
Penn Mutual	3843.50	567.70	85.2
State Mutual	3876.60	600.80	84.5
Nat'l of V'm'nt	3907.30	637.30	83.1
New York Life	3913.90	643.90	83.5
New England	3929.50	653.70	83.4
Mutual Life	3942.80	667.00	83.1
Equitable (N. Y.)	3959.40	689.40	82.6
Provident Mut.	3812.80	712.80	81.3
Conn. Mutual	3988.80	713.00	82.1
Equit'bl' (Iowa)	3839.00	729.00	80.8
Phoenix Mut.	4095.70	785.70	80.8
Home Life (N. Y.)	4090.30	814.50	80.0
Union Central	3925.10	825.10	79.0
Guardian Life	4214.70	988.90	77.7
Berkshire Life	4237.60	961.80	77.3
Fidelity Mut.	4166.10	1160.10	77.4
Conn. General	4332.00	1222.00	71.6
Travelers	4340.00	1232.50	71.6
Aetna	4448.00	1338.00	69.9

Notice that the three highest-cost companies over the 20-year period were stock or non-participating companies, though their annual premium rate was lower than the gross premiums of mutual companies.

The surrender value as percent-



"Do not let any agent persuade you to surrender an old policy for new insurance without knowing exactly what is involved."

age of total net premiums paid during the 20-year period ranged from 89.3% down to 69.9%.

Differences exist also in the net cost of all other forms of insurance contracts over a term of years.

Caution: The favorable showing made by Northwestern Mutual does not necessarily indicate that it was the lowest-cost company of *all* during this period, nor does it mean that the ranking of these different companies will be the same during the next twenty years. But—

MONEY SAVER 1: A consistently low-cost company in the past is more likely to save you money than

one with a high-cost history.

MS 2: Mutual companies have supplied insurance at lower net cost over a long period than have stock companies, in spite of the fact that stock-company rates are less. That is because of the dividends declared by mutuals.

MS 3: (Special Money Saver for residents of Massachusetts) Familiarize yourself with the Massachusetts Savings Bank insurance policies. They are fully as safe as policies offered by regular companies and offer insurance at far lower net cost. Available only to residents of Massachusetts.

After selecting your company or companies, here are other Money Savers:

MS 4: A single annual premium is lower than the sum of two semi-annual or four quarterly premiums for the same amount of insurance. Example: Annual premium charge on a \$20,000 ordinary life policy in a certain case is \$466.29. If the policyholder pays semiannually, his total is \$475.60. If he pays quarterly, his total year's premiums amount to \$480. Paying annually on this particular policy saves nearly \$14.

A way to split payments but get the saving on the annual rate for \$20,000 of insurance is as follows: Take ten \$2,000 policies. Date each on the first of ten successive months. The annual charge will be \$466.29, but it will be broken up into convenient monthly payments. If the insurance agent argues that this does not give you the full \$20,000 protection until ten months later, ask him about irregular term insurance with which you can put the entire \$20,000 in force immediately and still save money over

making quarterly payments on one \$20,000 policy.

MS 5: Group insurance is a blanket policy issued at one time on a number of individuals. There is no medical examination. It is usually cheap insurance for older people and those who cannot pass medical examinations; but younger men in the group should compare the cost and terms with those of ordinary insurance which may be cheaper and better.

Returning to ordinary (or "whole") life insurance, here are

other possible Money Savers:

MS 6: Find out if your physical condition and family history enable you to qualify as a "preferred risk." In one large company the life insurance rate for "ordinary risks" at age 30 (male) is \$22.59 per thousand. The "preferred risk" is charged only \$21.02 for the same insurance. On a \$10,000 policy the "preferred risk" would save \$15.70 yearly.

MS 7: Double indemnity if you die by accident is still obtainable in good companies, but regular accident insurance may be cheaper.

100 YEARS A DOCTOR'S OFFICE



For nearly 100 years, patients have flowed through the doors of this charming old house in Buckingham, Pa. Built about 1810, it is now the office of Dr. Bradford Green. The first physician to occupy it was Dr. Arthur de Cernea, a Frenchman who attended the University of Pennsylvania. He purchased it in 1844. His son, an

architect, added what is now Dr. Green's reception room. A later owner, Dr. William S. Erdman, built the consultation office and laboratory. Dr. Cernea retired in 1871. He was followed respectively by Doctors Joseph A. Paxson, John A. Fell, Howard Wilson, William S. Erdman, John M. Adams, and Bradford Green.

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MS 8: Premium waiver in case of disability is worth the slight extra cost. It assures the continuance of the insurance in force in case of total disability and without further premium payments from you—a real Money Saver if you should become incapacitated.

MS 9: Dividends left with insurance companies earn 3% or better—a higher interest rate than you can get if you take cash and put it in savings banks.

It follows that if you have spare funds in a savings bank which earn only 2%, you can save money by prepaying your insurance premiums for one or more years in advance. On such prepayment you get a 3% discount.

MS 10: If one company tries to "rate you up," that is, charge you the premium ordinarily asked of a man five or ten years older, because you have a physical impairment, try other companies. Some medical examiners will pass as an "ordinary risk" the man who would be charged a higher premium by other examiners.

MS 11: Never lie to the physician who examines you. On the other hand do not go out of your way to talk about questionable impairments. Your own family doctor may have told you that your heart was impaired although other physicians pronounced it all right. In such a case let the insurance examiner make his own diagnosis.

What about the different ways of receiving insurance proceeds at death?

In general, there are three ways of settling insurance: (1) payment of cash value in full; (2) payment of income either for life or for a

specified number of years; and (3) combining payments of principal with payment of income.

The advantage of one method over another will depend on your family problems and tax differences, so you will have to decide on your settlement provision after consultation with your insurance adviser.

MS 12: Always reserve the right to change your beneficiary. If you divorce your wife and she is your irrevocable beneficiary, you cannot change the settlement to a second wife. Thus you may lose money by having to surrender the policy and start a fresh insurance program.

MS 13: Always name a contingent or secondary beneficiary—your children if you have any, or other persons to whom you want the proceeds to go if you and your wife die in the same automobile accident. This will save the money for those you want to get it.

MS 14: In taking ordinary life insurance, be sure that the cash value later in life is convertible into paid-up insurance, a paid-up endowment, or retirement income if you wish that.

MS 15: Remember that \$40,000 of ordinary life insurance is exempt from federal estate tax if payable to a NAMED (personal) beneficiary—a money-saving advantage which is lost when life-insurance proceeds are merged with other assets in an estate.

MS 16: In some states it is possible to incorporate a so-called "spendthrift clause" in your policies. Then, if your widow receives insurance proceeds as income and overspends or mismanages it, only those creditors who supply her with necessities—food, shelter, and

clothing—can collect. If she buys too many fur coats, they can be repossessed, but she cannot be sued for payment.

MS 17: Remember that life insurance is judgment-proof in most states *if payable to a NAMED beneficiary*, but not if payable to your estate.

MS 18: Do not let any agent persuade you to surrender an old policy for new insurance without knowing exactly what is involved. Policies long in force have cash values that take years to build. They have been written when rates were much lower, dividends higher, and guaranteed surrender values higher than at present.

MS 19: If you become the beneficiary of life insurance, be sure that the settlement is to your best advantage. Typical mistake: A widow is beneficiary of a \$50,000 life insurance policy. An unscrupulous agent gets her to collect full cash settlement to buy an annuity. *But* she could have done this with the ordinary life contract that was in her favor, and she would have received hundreds of dollars more because the policy was issued when higher annuity rates were in force.

MS 20: The foregoing Money Saver shows the wisdom of having all insurance and endowments convertible into annuity income.

MS 21: Insurance income received by a named beneficiary is practically always subject to less federal income tax than the same amount of income from securities.

MS 22: Read carefully a sample policy of the sort you expect to take *before* signing an application. Making sure that it contains all the advantages promised by the agent may save you money.

MS 23: Before buying one of the newer policies (particularly if it has a fancy name), see if, instead, its desired advantages can be added to your *present* insurance policies, as *riders* or additional clauses. Often this is possible at a real saving over taking a new additional policy.

MS 24: If you buy term insurance, you may want to convert it later into ordinary life insurance. If this is done before the expiration date, you may get ordinary life at a lower premium than if you let the term insurance expire and take a *new* ordinary life policy.

MS 25: Buyers sometimes take long-term endowments (up to 50 years) imagining that they have an advantage over ordinary life insurance. Example: A man aged 35 takes a 50-year endowment. At 85, if still alive, he collects the face value. If he took ordinary life insurance and lived to 96 he would also have collected in full; for the ordinary life policy becomes payable in full to the policyholder himself if he's still living on his 96th birthday. But as the rates charged for the two policies are almost the same, and as the likelihood of living to 96 is about as great as the probability of living to 85, the advantage of one policy over the other is so trifling as to be almost imaginary.

MS 26: Term insurance is the cheapest to take *if* you are sure that you want *only* insurance protection for the term of years specified. Term insurance renewable every five years has a place in many insurance programs; but over several years it costs more than ordinary life; and the protection ceases at age 60.



I N R E V I E W

JANUARY—Senator Arthur Capper, Kansas, introduces bill (S. 855) in Congress to socialize medicine. Capper bill closely resembles "model health insurance bill" promoted by American Association for Social Security. . . . Group hospitalization membership crowds one-million mark. . . . Rural Resettlement Administration announces plan to promote state health insurance projects; sponsors prepayment schemes in ten states; promises others. . . . President Roosevelt announces reorganization of government departments, including establishment of a department of social welfare to coordinate federal health activities.

FEBRUARY—Honorable Thomas D. Thacher, former U. S. solicitor-general, challenges constitutionality of proposed compulsory health insurance. . . . Campaign gets under way to establish free venereal disease clinics for entire population.

APRIL—American Foundation releases two-volume, 1500-page report of survey among 2100 doctors. Basic question discussed: Is radical change in present medical system indicated, and, if so, in what direction?

MAY—Legislation for socialized medicine introduced so far in five states and in U. S. Senate. . . . Members of Pennsylvania Medical Society vote on compulsory health insurance; 98% against it.

JUNE—A.M.A. convention a three-act medical-economic drama. Act I: New York State Medical Society requests that A.M.A. originate national health policy to submit to the government. Act II: A.M.A. rejects New York recommendation; favors, instead, passive receptivity to federal initiative; offers facilities of organized medicine to government in solution of medical problems. Act III: Senator J. Hamilton Lewis bombshells A.M.A.

house of delegates; threatens "inevitable federalization" of medicine.

JULY—Senator Lewis introduces joint Senate resolution (S. J. Res. 188), making spectacular provisions: (1) physicians compelled to render any medical aid requested by indigents; (2) doctors' bills to be paid by Social Security Board; (3) jail sentences for physicians who refuse to treat the penniless. . . . Philadelphia County Medical Society throws block at fast-moving group hospitalization; refuses to approve plan based on New York's Associated Hospital Service; objects to inclusion of services by pathologists, anesthetists, and other specialists; declares acceptable plan must limit benefits to hospital service only.

SEPTEMBER—Bill providing full-fledged national system of compulsory health insurance forecast for introduction during 1938 session of Congress; Senator Robert F. Wagner, New York, probable sponsor. . . . 2,000 employees of Home Owners' Loan Corporation made beneficiaries of new Group Health Association, government-financed project to provide medical care. Charter of association opens way to health-insuring 817,000 federal employees all over U. S.

OCTOBER—Interns in various parts of country consolidate efforts to secure higher salaries and better living conditions. . . . American Hospital Association predicts that group hospitalization will soon provide half the revenue of U. S. hospitals.

NOVEMBER—Question of government subsidies for medicine splits American medical ranks wide open as 430 leading physicians sign and distribute manifesto, declaring health of people to be "a direct concern of the government." Schism an outgrowth of American Foundation's report (published in April) on what's wrong with American medicine. . . . District (Washington, D. C.) Medical Society and several senators move to blast government's Group Health Association; charge that \$40,000 appropriation to finance association was unconstitutional, that G.H.A. engages illegally in insurance business, and that it violates law against corporate medical practice.

DECEMBER—Despite cloud over Group Health Association, committee for cooperative medical service for federal employees meets to initiate a similar group for 50,000 other workers. . . . Outcry over proposals by 430 "rebels" swells to uproar.

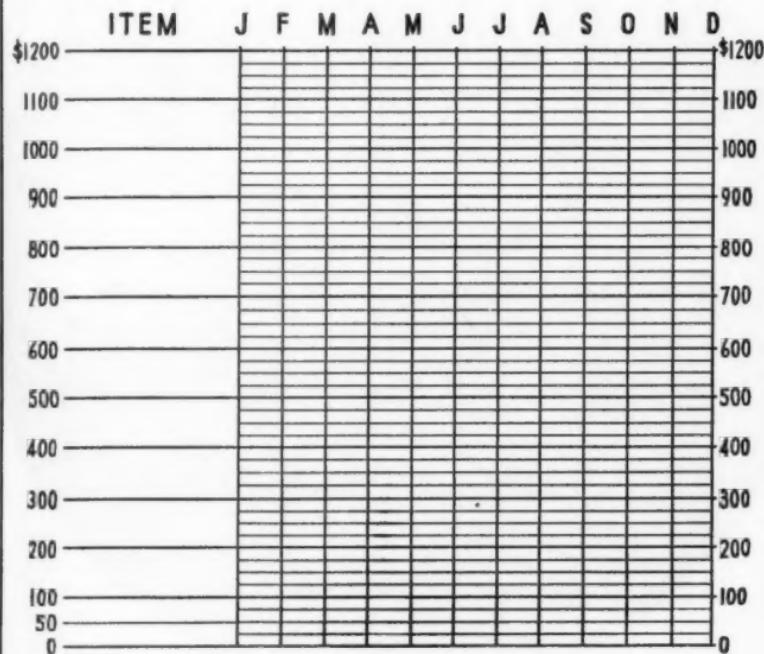
DEADBEAT AWAKER

THE DEADBEATS had me "down" for a while—until necessity mothered the following idea:

I garbed an assistant, a medical student, in an intern's white uniform. He made personal calls on delinquents. Their neighbors soon got to know that medical service had been delivered without being paid for.

I have few collection worries now. This plan has brought in as much as \$100 a week. My assistant gets 10%. —M.D., Illinois.

MONTHLY INCOME and EXPENSE RECORD - 1938



EVER THINK of plotting your income and expenses on a monthly chart?

As a supplement to your regular records, such a chart offers two advantages: (1) It shows graphically the financial course you're steering. And (2) it gives you a mental jog whenever your figures get out of line.

The chart above will save you the nuisance and expense of buying graph paper and arranging a suitable form. Simply tear it out and put it to use.

If your gross income for January is \$550, place a dot in the right place on the vertical line under "J." Directly at the left, in the column headed "Item," write "Gross income." If gross income for February is \$625, then place another dot in the appropriate position under "F." Connect the two dots by a straight line. The same procedure is continued, of course, for the remainder of the year.

Net income and professional expenses may be charted similarly.



Notice how the writing desk breaks up the usual circle of chairs.

IT'S THE LITTLE THINGS—

YOU MAY BE PROUD that your office boasts a shiny, new x-ray unit or a new quartz-mercury lamp. But how about the little things—plenty of coathooks, for example?

Did you ever stop to imagine Mr. Filsinger's reaction when he has to drape his coat over a door-

knob because there's no other place to hang it?

Such things may seem ridiculously trivial. Yet they contribute in no small measure to the patient's impression of you. And, after all, impressions—not facts—are what public opinion of a doctor is gener-

BY MILLARD TUFTS, M.D. ★ AS TOLD TO A STAFF CORRESPONDENT

The sale of many a house has been clinched by a rapturous pastel bathtub. A little thing, it's true. But home-buyers are like that. And, by the same token, so are most doctors' patients. Anything that adds to their comfort, convenience, or general satisfaction, tends likewise to add to the physician's practice. Take a tour through this Milwaukee office and see how the principle has been applied.

ally based on.

Take another example: the daily newspaper. Patients often like to read it while waiting. Yet in few reception rooms is a paper to be found.

The explanation may be, of course, that a newspaper gets scattered around and makes the room untidy. But that's no reason for not keeping one at hand. A newspaper holder is all you need, and the cost is negligible.

The one I use is illustrated on page 44. It always keeps the paper in order. And, when not in use, it can be hung against the wall on a pair of hooks, as shown.

Any number of things like this might be cited, which make for contented patients. Take writing facilities as another example. The average person is bound to owe someone a letter. All its writing requires is a few moments' spare time, plus the necessary pen, ink, and stationery.

Waiting patients have the time; so why not give them the equipment? Put a writing desk in your reception room. See what happens.

I did so not long ago. It has

produced gratifying results ever since. To embolden the timid, I use a small, 4" x 7" sign. Glued upright to a neat wooden block, and placed on the corner of the desk, it extends its invitation as follows:

"This desk and stationery are for the convenience of patients. Feel free to use them."

Most people do not need a second invitation. The desk is in daily use. No doubt the recipients of letters written on it are amazed, in many cases, to hear from Cousin Emma after all these years of silence!

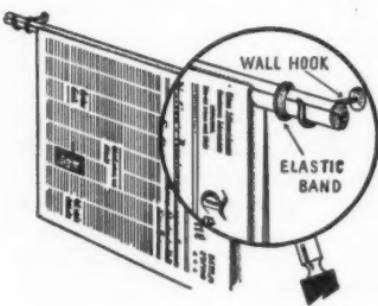
The desk has another purpose, too. In my opinion, equally important.

I used to have a table in the center of the room. Chairs were arranged in a circle around the wall. There my poor patients had to sit, staring at each other's noses. Women—especially if shabbily dressed—wriggled uncomfortably under their neighbors' gaze.

The desk now overcomes that difficulty. A glance at my floor plan (see page 45) shows how it is used to break up the room. Self-

conscious patients, if they wish, may now get off in a corner.

Speaking of coathooks again, I believe every room should have at least half a dozen. Many department stores, I have found, sell them already fastened to an attractive wood base. This can be nailed or screwed to the wall in a few seconds.



For headline addicts: this inexpensive rack keeps newspapers from being scattered around your office.

And, while on the subject of necessities, don't forget wastebaskets. There ought to be one in every room. Paper towels and paper cups are a great convenience, too. I have them in my laboratory, treatment room, and x-ray room.

In many an office—my own included—space is at a premium. I've had to devise various ways of saving it. Storage cabinets, for example, are attached to the wall, or recessed. Telephones hang on hooks against the wall or affixed to furniture. Bookcases are built in, extending from floor to ceiling.

Maybe you're sensitive to noise. Even if you're not, patients often are. For years, I put up with a nerve-shattering buzzer connected

to the front door of the office. It never failed to give patients a jolt when it sounded.

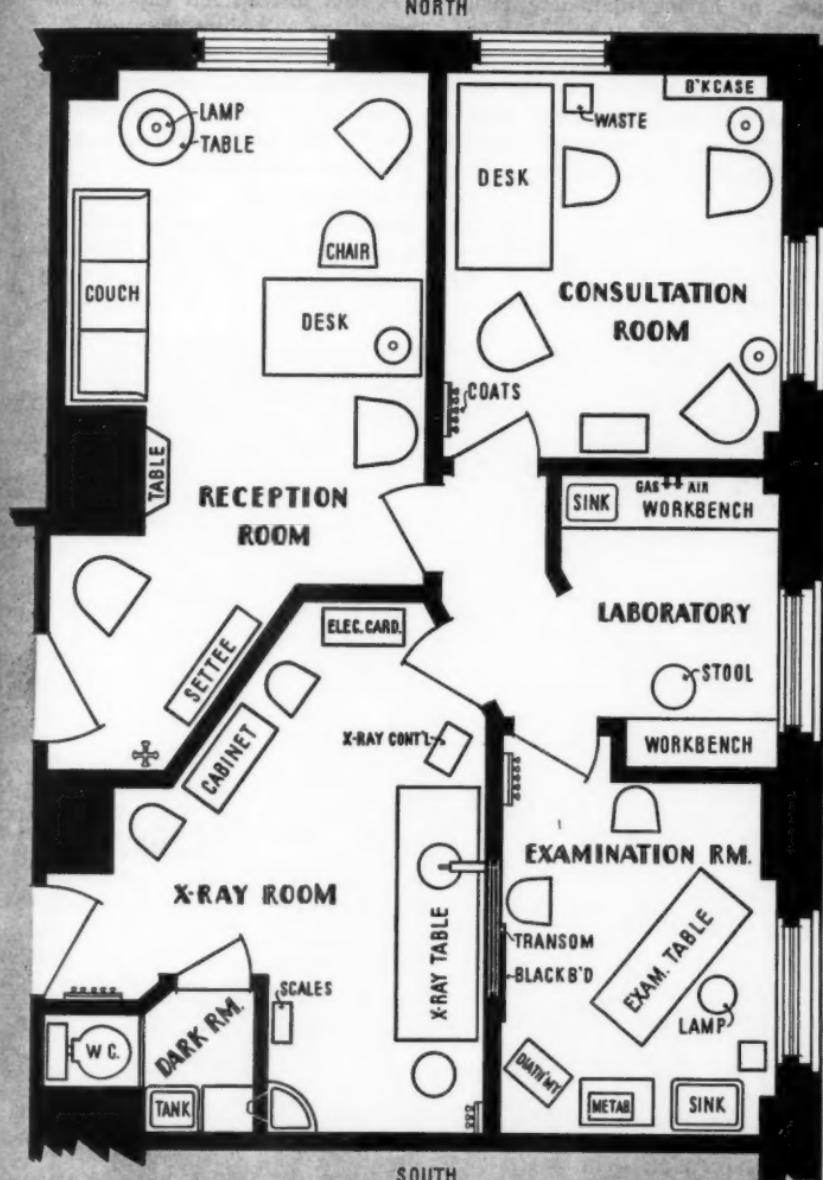
One day I decided that enough was enough. So I bought a set of chimes for a dollar. Now, when patients arrive, only a soothing "pong" is heard.

Color harmony is another thing patients appreciate—subconsciously or otherwise. In my office I've combined light green, ivory, and burgundy. All the ceilings are green. The linoleum-block flooring is likewise green (except in the x-ray room, where it is burgundy). Walls are ivory. Upholstered chairs are done in one or more of the three colors mentioned. Venetian blinds are ivory, with burgundy tapes. The English toile draperies have burgundy accents against an ivory background.

The linoleum blocks just mentioned possess several advantages that are worth emphasizing. Ordinary rugs are expensive to clean, and they wear out in spots. Linoleum blocks, on the other hand, may be washed with soap and water. If a particular section wears out, the old blocks may be taken up and new ones set down in their place. This makes it unnecessary to lay a whole new floor.

Now a word about doors. There are so many in my office that patients used to get confused—sometimes with embarrassing results. Now, all the doors are labeled. And the two doors leading to the main corridor of the building have the words "Out" on their inside jamb.

Ancient, dog-eared, reception-room magazines are enough of a standing joke already. I need not emphasize the importance, there-



FLOOR PLAN OF THE COMPLETE OFFICE

A model of compactness, convenience, and good arrangement.

fore, of having up-to-date magazines in good condition. Something should be said, however, about their *selection*. My own nurse, who supervises the magazine situation, makes a special effort to choose publications which are

The Venetian blinds are handy for eye, nose, and throat work.

(1) easy to read and (2) interesting to our particular clientele. Picture magazines are especially appropriate. Not so appropriate is your college alumni magazine or the *Poultry Review*, if you happen to be a poultry hobbyist.

Venetian blinds are by no means new. But they're being used increasingly in physician's reception rooms. Not only are they good



looking but they often serve the useful purpose as well of blotting out an unattractive view.

I find Venetian blinds especially helpful during eye, nose, and throat examinations. By adjusting the slats, the light from the outside can be intensified or lessened. It can also be "aimed" to suit your needs.

[To be concluded next month.]

APOLOGIA ON "THE CITADEL"

"SIR, I PITY YOU!"

A critic, anonymous as well as terse, mailed that commiseration to A. J. Cronin, British physician-author, after reading his latest best-seller, *The Citadel* (reviewed in October issue). Other longer and less cryptic criticisms have found their way to his desk, too.

"They gave me a bad case of jitters," Dr. Cronin admits.

The Citadel flays England's health insurance system. Many of its lustiest passages expose moneyed physicians with consciences anesthetized by commercialism.

"The first reaction was quite frankly one of shocked incredulity," revealed Dr. Cronin in a recent lecture. "I had dared to attack a sacred institution!"

"But gradually a change set in," he went on. "I began to receive letters from doctors—not the ordinary fan mail every author gets. Instead of being abusive, they were congratulatory. In six weeks I received from my medical brothers between 300 and 400 letters of

commendation on having courage to write this book."

To charges that he went off the deep end in writing of fee-splitting and other profit-motivated misdemeanors, the book-writing doctor declared:

"I am not so completely a fool as to object to the practice of medicine for gain. I like to think of doctors making their dollars—a good few dollars.

"In this connection I think my old professor of medicine was most illuminating. Addressing graduating students, he would say:

"'Gentlemen, I will give you a final word of advice on the conduct of your profession.

"'When you are called to a patient and enter the room, advance to the bedside and begin to feel his pulse. Allow your eyes to wander around the room.

"'Look at the carpet. Estimate the quality of the carpet. Then look at the curtains, and estimate the quality and probable cost. Then look at the counterpane, observing if it is a good counterpane.

"'And so, gentlemen, by the time you have taken your patient's pulse, you will have a very good idea as to what fee you can reasonably charge him.'"

Dr. Cronin pointed out that his old professor had legitimate profit in mind. But certain sections of the profession, he added, overcharge, split fees, perform unnecessary operations, and otherwise delude suffering patients for profit.

"That element of corruption has, to my certain knowledge, invaded and degraded the profession," he stated incisively. "I was most desperately anxious to fight it to the last ditch in my book."



INTERNS

PART THREE

A SUPREME STUMBLING-BLOCK in the intern's path to the more abundant life is his undetermined status. One minute, to all intents and purposes, he is regarded as a full-fledged M.D. The next minute he rates, apparently, as little more than a janitor.

Such authorities as Dr. Borden Veeder, chairman of the medical education committee of the Academy of Pediatrics, St. Louis, Mo., and Dr. W. C. Rappleye, dean of the Columbia University Medical School, insist that he is a student.¹ Dr. Veeder refers to him specifically as an *undergraduate*.

This view is looked upon with a kindly eye by hospital adminis-

trators. When the intern demands an adequate salary for his services, they remind him gently that what he does is all in the spirit of education.

Actually, how much education does the intern get?

In a report, *Physicians and Medical Care*, issued during 1937 by the Russell Sage Foundation, internship was termed the "most unsatisfactory and uneven portion of medical education at the present time." Researchers of the American Foundation, in their survey, *American Medicine*, published likewise in 1937, came to the same conclusion. Internship, they stated, "too often becomes rather a year of chaotic and unsupervised experience than a logical continuation of education." The testimony of the interns who answered the survey conducted by MEDICAL ECONOMICS coincides with this opinion.

Of 105² interns replying, 86 do not consider the educational value of their job sufficient compensation for the drudgeries they are called upon to perform. Eleven are inclined to accept the administrators' theory with reservations. Six are undecided. Two concede that their training alone is worth the effort entailed.

The questionnaire reveals further that the average intern is thoroughly disillusioned about the educational possibilities of his year or so

¹Hospitals, Feb., 1937; Modern Hospital, Feb., 1937.

²Includes five replies received too late for inclusion in the December issue.

CAN TAKE MONEY



Should the intern be paid? Or is he compensated sufficiently by the education he receives?

in the hospital. He comes out of medical school with high hopes. The finicky attitude of the better institutions in picking their interns from a wide assortment of eligible candidates impresses him. So does the fierce competition for each attractive berth. But after several months, or years, on the job, he arrives at a conclusion similar to one of the following:

"Holding retractors six or seven hours a day and running errands all night is fatiguing. But it is not educational. . . ."

"Teaching is neglected. Education is confined to laboratory technique and orderly work. Education depends upon what he [the intern] can pick up. Seldom does he profit from the 'benevolent' teachings of the staff. His exploitation more than reimburses the administrators. . . ."

"Giving intravenous medication is not education. Nor is removing sutures. . . ."

"The education factor is nil. Much so-called educational work is quite profitable for the hospital management. The lower the intern's salary, the more profit to the administration. . . ."

"Hospital administrators give away nothing. Being an orderly

with an M.D. is no education. Save, perhaps, to know better next time. . . ."

Somewhere en route, evidently, something has happened to shatter the intern's fond dreams. Resignation replaces enthusiasm. He sets himself to making the best of what he believes to be a bad bargain. Consequently, his work becomes mere "marking time" before going out into private practice.

His self-respect declines proportionately. He considers himself, as the interns of this survey do, a "flunk," a "lab stooge," a "glorified orderly," a "professional vein-sticker," an "expert catheterizer," an "official observer," or a "hospital bell-boy."

For the run-of-the-mill staff physician, the intern has unbounded contempt. The older men "lord it over" the intern. Their attitude is "dogmatic" and "know-it-all." They make the work "a bore." They presume the intern to be as "dumb and incompetent as when *they* were in school." They "fail to trust, consult, or instruct" him. They look upon the intern as a "future competitor," not as an "eager young man desiring to further his knowledge." In short, the intern-staff relationship is, to quote a candid

XUM

At the Menopause . . treat
the Anemia with

OVOFERRIN



Colloidal
Tasteless
Stainless

ANEMIA is often an underlying factor in many of the ills associated with the climacteric. A recent letter from a physician tells of a menopausal case in which sedation, liver extract, and hormone therapy produced no marked benefits. OVOFERRIN, on the other hand, reduced the anemia and nervous disturbances, acted as a gastro-intestinal and vasomotor stabilizer and proved to be an excellent tonic. "It has 'pepped the patient up' astonishingly," this doctor writes.

OVOFERRIN, the colloidal iron tonic, is ideally adapted to the requirements of the menopausal patient. It does not irritate the stomach but, on the contrary, it stimulates the jaded appetite. It is palatable, non-astringent, quickly assimilated. *It will not constipate, it will not stain the teeth.*

Above all, OVOFERRIN is effective. Thirty-five years of clinical use in all forms of secondary anemia have gained it a reputation as "The rapid blood builder." Samples gratis to physicians on request.

A. C. BARNES COMPANY, INC.

New Brunswick, N. J.

FOR 37 YEARS SOLE MAKERS OF ARGYROL AND OVOFERRIN
"Ovoferrin" is a registered trade-mark, the property of A. C. Barnes Co., Inc.

Southerner, "putrid."

The barbed shafts launched at hospital staff men by interns in the course of this survey would fill a small volume. They center on the fact that the recent graduate, bursting with the latest techniques, is not allowed to display them. Instead, he is confined to an exhausting round of blood counts, intravenous injections, and urinalyses.

He yearns to try his hand at surgery. Yet, when permitted in the precincts of the operating room, where does he find himself? Looking over the respective shoulders of the visiting physician, resident, assistant resident, and perhaps a senior intern. As one frustrated youngster howled:

"It's a bureaucracy!"

This state of affairs nourishes the seed of resentment against his elders that is planted in the breast of any normally ambitious young man. In the intern's case, it sometimes blossoms into a sour attitude toward medicine and medical men in general. Listen to this youth's castigation of his superiors:

"I do not respect the opinions of more than a quarter of them. Half the remainder do not accept suggestions. Fee-splitting is prevalent here. Often the practitioner from the country scrubs up simply to justify his 'cut.'"

One intern characterized his role as that of the "three little baa-boons." "We are expected to see nothing, hear nothing, and above all, to say nothing," he wrote.

"The treatment accorded the intern is directly proportional to the economic income of the attending physician," he also explained. "The young man beginning practice has no use for the intern. Perhaps it

may be related to jealousy. The man whose practice is well established is most decent. The older men with waning practices are more difficult to please than any."

Sharing in this disfavor are nurses and, especially, nursing supervisors. Nurses, from the viewpoint of those participating in the poll, are an evil force against the progress of medical science. They

HOME-MADE INDEX

SOME OF US live far from a good medical library. For reference works, we have only our own books and journals. Hence, a cumulative index is indispensable.

Such an index need involve only a minimum of time and cost. Mine embraces merely a small filing case, guide cards, and 3" x 5" filing cards. Articles are indexed immediately after reading, in accordance with the divisions used in the *Quarterly Cumulative Index Medicus*.—M.D., North Carolina.

are typified by the interns in adjectives most ungallant. The white-capped ladies are "un-cooperative" and "overbearing." They draw a wide line between staff men and interns. They order interns about. And when an intern believes a standing order should not be followed, they suspect him of trying to get out of work. One remedy suggested was that "all nurses, regardless of rank" be placed "under the intern."

The belief is almost universal among those queried that drastic changes in the teaching system now

in vogue are necessary. There is a constant plea for "more formal" education. The interns asserted that they would appreciate "properly organized and supervised" clinical conferences, more time devoted to general medicine and surgery, more technicians to take irksome "lab" work off their shoulders, "seminar sessions" or "group teaching," "report cards" on their progress or lack of it, and standardization of instruction.

As to how these reforms could be accomplished, the responses were less illuminating. Joint committees representing both groups might be organized, it was suggested. Or the matter could perhaps be put up to the regional medical societies.

Considerable fault was found with existing methods of choosing interns. "Discrimination" and "red tape" were charged by some. Others were of a mind that the requirements should be tightened rather than loosened. In a few instances, there was allegation of political "pull" playing a part both in procuring positions and in advancing to residencies.

All in all, the intern who responded to the questionnaire was surprisingly sensitive to the flaws

of the *educational* system to which he is exposed. The bulk of the replies gave this question more space than any other. Which directly contradicts the credo of some administrators, as voiced by Dr. Joseph C. Doane³, that interns' complaints "largely center about reported injustices relating to food, housing, and laundry, rather than to educational discrepancies."

Not that his living conditions escape stricture. The intern's dissatisfaction with his food, lodging, and recreational facilities has been discussed in a previous article of this series. But the survey disclosed that this is a contributing factor rather than the mainspring of his discontent. The intern is interested chiefly in reform of medical education and, of course, in salaries.

These last two are closely interwoven. Many interns admitted frankly that if the educational benefit of their stay in the hospital were increased, they would not be so insistent upon monetary payment. The sum of their objection was that the hospital is now getting more from their services than they are receiving in return. They would prefer this difference to be made up in cash. But if cash is impossible, they hinted that better educational facilities might be acceptable in its stead.

Even this apparently humble request runs into a snag. There is a growing feeling on the part of some authorities that hospitals are, or should be, teaching institutions. But while these authorities plan to improve the intern's educational opportunities, they also expect him to foot the bill. The coming of the

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³Modern Hospital, June, 1937.

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● OF THE EFFECT of glycocoll in the asthenic though otherwise normal adult, Wilder¹ has stated that "patients and subjects who are simply tired obtain relief" and they "seem to be able to go further and do more before fatigue sets in."

In addition to the significant effect that glycocoll exerts in non-specific asthenia, other and more recent studies have broadened the therapeutic applicability of this simplest of all amino acids. Accompanying the "muscle-sparing" action is improved appetite, a higher level of general health and, consequently, decreased susceptibility to certain allergic and other abnormal manifestations. It likewise has an

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¹ Wilder, R. M.: General Discussion, *Proc. Staff Meet., Mayo Clinic* 9:606 (Oct. 3) 1934.

WINDOW ENVELOPES SAVE WORK

DO YOU MAIL your professional statements in window envelopes? If not, you may be overlooking a worthwhile labor-saver.

Many of the bills which physicians themselves receive each month arrive in window envelopes. Yet some men have not thought to employ these envelopes when sending out their own statements for professional services.

The obvious advantage of window envelopes is that you need not type on them the name and address of the patient, since this information, already typed on the statement, may be seen through the window. Such envelopes may be purchased, moreover, for about the same price as ordinary ones.

day when a tuition charge will be levied on interns was forecast recently by Dr. Frank L. Babbott⁴, president of Long Island College of Medicine. Said he:

"When the shift of attitude takes place and the intern is no longer treated as a convenience or an automaton but as a graduate student, it is well within the realm of possibility that, instead of receiving a stipend for services rendered, he will pay a fee for opportunities offered."

⁴*Journal of the Association of American Medical Colleges*, Jan., 1937.

Any move in this direction would be highly unpopular. In fact, judging from the present survey, it might incite interns to some sort of organized rebellion. No less than 101 of the 105 interns surveyed made it plain that they would not countenance any such taxation. "Ridiculous," "absurd," "doesn't make sense," and "silly as a Thorne Smith novel," were a few of the exclamations of surprise and anger that greeted the proposal.

Tuition fees were described as the "next logical step" of hospital superintendents anxious to "fill their own coffers" at the expense of the intern. Many compared the plan to an employee paying his employer. One of this group demanded heatedly: "Does the tailor pay me to wear his suits?" A former teacher turned doctor pointed out that he received \$180 a month for his first year of teaching, although no one ever accused him of not profiting by the experience.

The truth is that the average intern probably could not afford to pay such a fee, even if he were willing. As one debt-ridden intern demonstrated, "95% of those finishing medical school are broke and 50% owe considerable sums." If a tax on internship were inaugurated, a young Ohio M.D. predicted that few graduates would seek hospital training. As a result, he continued, the medical profession would "decline in scientific learning and achievement." In Louisiana, interns

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considered such a fee "not good medical ethics." And throughout the country, the consensus was that they would be damned before they paid, as one youngster put it, for the "privilege of getting up in the middle of the night to sew up drunken drivers."

A few who hold the idea "unworkable" admit nevertheless that it has some merit. Under a "different social system," allowed a Middle Westerner, it might be all right. Fees might be justifiable, admitted another, if hospitals *really* attempted to prepare interns for general practice. A third thought it might be advisable to slap such a tax on residents; but as for interns, "Emphatically no!"

The longest view was taken by an intern in one of the prairie states. Hinting that even the fee system might not be without its complications, he sketched this brief glimpse into the future:

"Can't you imagine an intern dashing into the superintendent's office? 'Say, chief, Dr. Smith's pet

patient, Mrs. Jones, won't let me amputate her breast. I've paid good money for this internship and I demand my rights!'"

It is possible, too, that under such a system, the superintendent might find himself confounded by his own argument. The intern might remind him—gently, of course—that amputating Mrs. Jones' breast would be "all in the spirit of education."

—ARTHUR J. GEIGER

[The fourth and final instalment of this series, in which hospital administrators give their views, will be published next month.]

THE physician population of the United States is divided almost equally between communities of more than 50,000 people and communities of less than 50,000.

New York City has 10% of all U. S. physicians. The first twelve U. S. cities have 28% of all U. S. physicians. Cities of 100,000 and over have 45% of all U. S. physicians.

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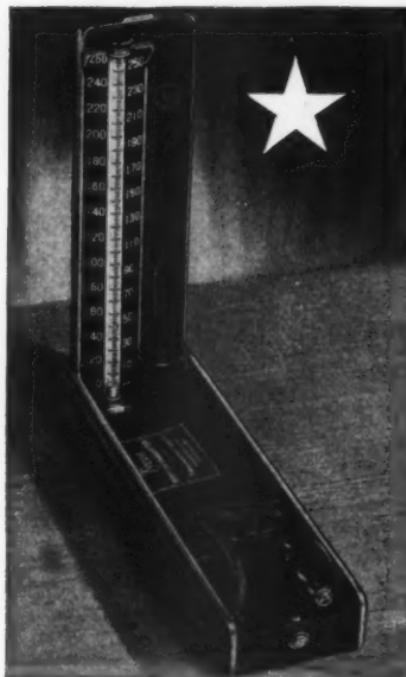
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MEDICAL ECONOMICS • JANUARY • 57



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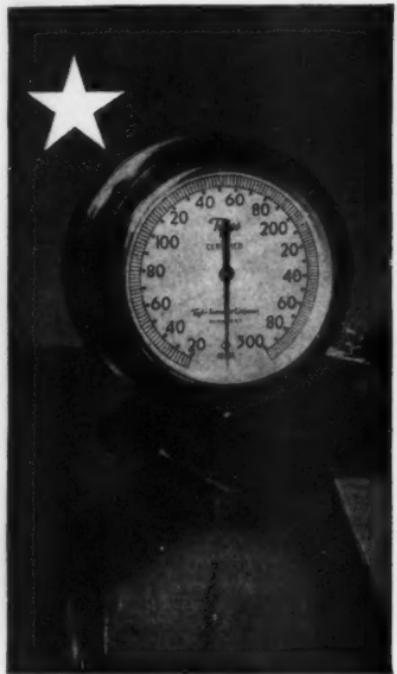
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MADE YOUR WILL?

If this were your last day on earth, what would you do? One of the first things would probably be to make a will. Why not finish this important duty now? This article presents the whys and wherefores of a physician's distributing his estate. New Year's resolution-makers take note!

ROBERT LOUIS STEVENSON once wrote:

"I can not believe in death; that is to say, my own death. I can easily understand the death of others; but how do you expect me to conceive of myself as no longer existent?"

When Stevenson penned that, he was surrounded by the loveliness of Samoa. He didn't know he was dying.

Many of us, in the flush of our careers, deceive ourselves with this same argument. In our hearts, we know by how slender a thread life hangs. Death is no stranger to us.

Yet what is it that makes us share the common belief that death is impersonal? That it will not strike us—at least, not for a long time yet. Queried about making a will, what makes us reply:

"Oh, I'll get around to it one of these days."

Maybe the psychologists know the answer. But the fact remains:

Probably half the physicians in this country go to their graves without leaving any provision for distribution of their property.

Most of us spend our lives ac-

cumulating property. Not for ourselves, perhaps, but for our families. And although we make every sacrifice for our families while we're alive, we neglect to provide for them after we've passed on.

Will-making should be looked upon as a sacred duty. Remember, death ends ownership absolutely. Whether or not you make a will, "you can't take it with you." Your property will go to someone. Why not see that it goes to the right people?

The widower without children, or the bachelor, may object:

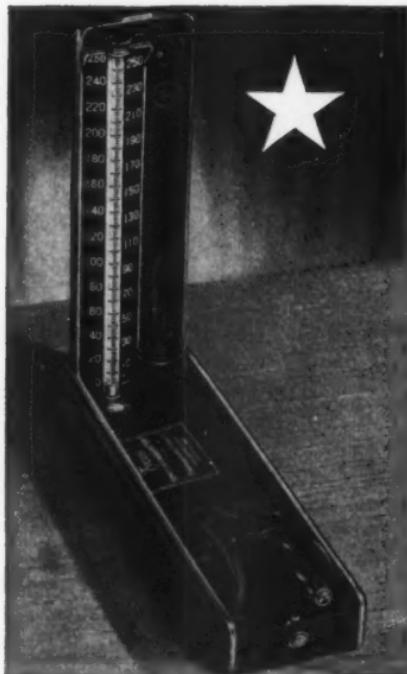
"Why should I worry? I haven't any dependents."

Yet it's the physician without dependents who often needs a will more than the one whose wife and children will surely inherit his estate. He may wish to aid friends, charities, a hospital, church, or school. This can be done only by means of a will. Otherwise, some obscure relative may pop up to claim the major portion of the estate.

Professional men sometimes have a misguided faith in the law. They think:



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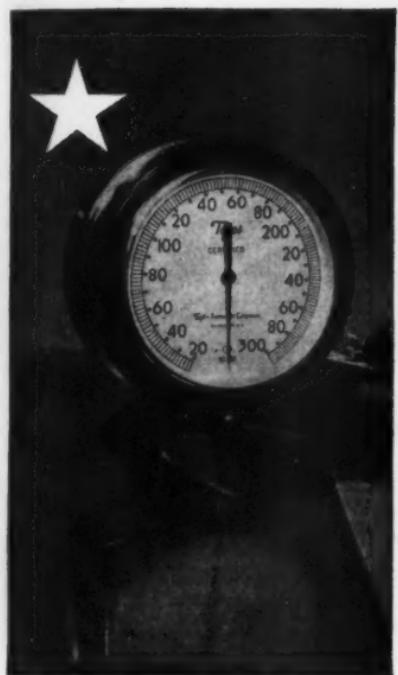
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Professional men sometimes have a misguided faith in the law. They think:

"Why bother with a will? The law will distribute my property. Probably better than I could myself."

There is some truth in this. The law *will* distribute your property. And exercise a rigid impartiality that may frustrate your every wish. The law is no respecter of affection. It lumps the needy widow and her child with the grown son who is well able to stand on his own feet. You know your family's requirements better than the law does. The way to take care of them is in a will.

One unfortunate result of shoving the responsibility on the law is the possible cost. Estates have a way of dwindling if there is litigation. One grasping relative, and the bulk of the estate may go up in court costs.

There are some men who begrudge the cost of a will. They are the same individuals who hate to spend any money on their offices and on postgraduate study trips.

It is hard to estimate the cost of a will. Some run as low as \$10. Others as high as \$3,000. (Don't be alarmed; the latter included organization of several trusts and plans for carrying on a large corporation.) Yet few clients, after the job is completed, grouse about the size of the lawyer's fee, provided he is reputable. As a matter of fact, wills are amazingly cheap when you consider the expense they often save.

Ask the man who has made one.

Another deterrent to will-making borders on the ridiculous. Yet it exists in many cases. It's superstition.

Some men, although they hate to admit it, fear that preparing for an event may bring it on. Nothing can be said to the individual whose mind works like that. What he needs is a good course in psychiatry.

Still another type of will-dodger is perhaps worst of all. He is the man who leans back, sticks his thumbs under his vest, and says,

"Sure I've made my will. And without the help of any lawyer, either. Did the whole job myself."

He is the same fellow who raises the roof if a druggist, confronted with a request for "something to fix up this indigestion," takes the liberty of counter-prescribing.

One man who stumbled onto a will form and decided to dispense with a lawyer followed the outline nicely. His wife was to receive half his property. The other half was to go to his two sisters. Which might have turned out all right. Only he didn't add an attestation clause—something no attorney could forget.

Eighteen years later he died. Immediately there was trouble. The widow, not knowing of the will in the sisters' possession, took her case to court. Difficulties developed. The witnesses were hazy about the details of signing. A jury

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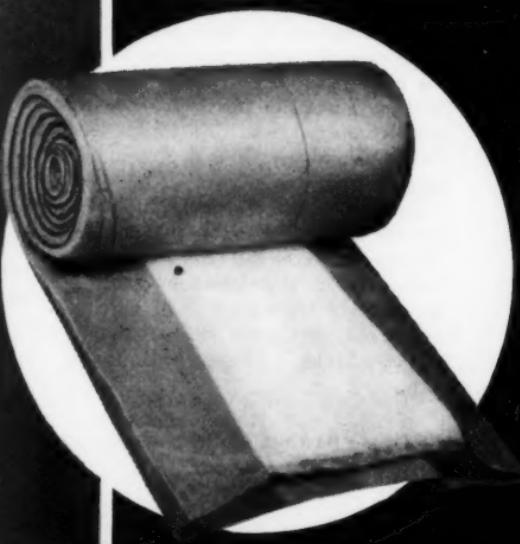


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Inside, the interleaving paper is folded over the edges of the cotton to give it maximum protection. It is available in all standard sizes for professional use.

Specify Bay's Blue Seal Absorbent Cotton to get the finest cotton that can be produced in snug-fit cartons that deliver full weight and minimum bulk.

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SURGICAL DRESSINGS



was selected to decide whether the will should be admitted to probate. Both sides hired expensive attorneys. The wife, just before it was due to come to trial, withdrew. But already \$16,000 had been eaten up just to save a paltry \$35 or so for a will.

Drafting your will is strictly a

CLOCK AIDS PRACTICE

A NOVEL, inexpensive device in my reception room has more than doubled my immunization work.

On the wall at about eye-level is a miniature clock I bought for a dollar. It has a tiny pendulum that swings busily to and fro, the upper end of which depicts a mother bluebird feeding her young, a morsel at every tick. The ticking is loud and fast enough to attract attention from any part of the room, yet the dial is too small to be read at a casual glance.

Immediately under the clock I place posters which stress the value of inoculations. These posters are changed frequently. I obtain them from health departments and drug manufacturers. Each poster mentions only one disease, so as to concentrate attention upon it.

The headings of these posters are large enough to read more easily than the dial of the clock. They are worded sparingly and the texts are concise and definite, such as, "No Child Need Die of Diphtheria. It is a preventable disease. Ask your doctor."

Such placards, placed elsewhere around the office, used to attract scant interest. But now the busy little clock calls everyone's attention to them. A surprisingly large number of patients ask about preventive treatment as a result.—ALLEN D. REBO, M.D., Scott, Ark.

matter for a lawyer. He knows all the answers. In these days of rising inheritance, income, and gift taxes, he may save you a considerable sum. As a simple example, let's take the physician who wants to leave his property outright to his wife. His only stipulation is that after she dies it will go to her children by her will. Perfectly natural situation, isn't it? Yet how many doctors are aware that if the trust for the children is created in the *father's* will, extra administration and inheritance taxes are avoided?

There are several prerequisites to making a will. You must be of sound mind, memory, and understanding, and over 21. You must be under no restraint or coercion.

Certain formalities, too, must be observed. Every will should contain explicit instructions as to burial, erection of a monument, upkeep of the plot, payment of debts, and funeral expenses.

Selection of an executor is possibly the most important item of all. The usual tendency is to name a close friend. Yet a close friend may be the worst possible choice. Fitness and experience are far more expedient bases for a selection. After all, to appoint a wife, relative, or friend as executor places the latter in a position for which few are qualified. A safe policy is to select somebody you would trust with your property *during your lifetime*.

If possible, the executor should be experienced. For his is no bed of roses. He has to collect all bills, reject improper demands, take care of jewelry and personal effects, sell securities when they should be sold, and a thousand and one other things.

[Turn the page]

The physician can help his executor by naming the persons to receive personal gifts. Where stock is to be awarded, it is advisable to leave percentages, not amounts. (Remember 1929!)

If large amounts are willed to hospitals, aged persons, or minors, they should be left in trust. In creating trusts, be explicit. Explain who is to receive the money as well as how much. Don't forget to mention when the fund is to terminate. There are many kinds of trusts.

Some are extremely complicated. To find the one best suited to your needs, consult a good trust company.

Now a word about life insurance. Many a man is satisfied with a few thousand dollars' worth. He passes the policy over to his family with the air of a Boy Scout having done a good deed. It is placed somewhere for safe-keeping and the matter is forgotten. After he dies his widow may discover, too late,

[*Turn the page*]

PLACES TO PRACTICE

LOOKING for a location? Then try some of the towns listed below. MEDICAL ECONOMICS can *not* guarantee that each is a promising place to practice. But it *can* vouch for this much: One or more physicians have died during the past five months in each of the communities named. Presumably, then, each may now have room for another doctor. None of the deceased was over 59 years old. The towns have

populations of 50,000 or less, according to the 1930 Census. Data about the type of competition in a community, the financial status of the people, and general living conditions can best be obtained by a personal visit. MEDICAL ECONOMICS will gladly answer mail inquiries, however, about the population of any town, the number of physicians in it, and the hospital facilities available.

ALABAMA: Albertville, Sheffield

COLORADO: Greeley

GEORGIA: Columbus, Bainbridge

ILLINOIS: Rock Island

INDIANA: Bloomington, Seymour

KANSAS: Pratt

MARYLAND: Cardiff, Dundalk

MASSACHUSETTS: Hudson, Rutland

MICHIGAN: Tecumseh

MISSISSIPPI: Vicksburg

NEBRASKA: Utica, Wilsonville

NEW YORK: Elmira, Liberty, Long Beach, Monroe

OKLAHOMA: Muskogee

OREGON: Oregon City

PENNSYLVANIA: Indiana, Tarentum

TEXAS: Bryan

VERMONT: Bennington

VIRGINIA: Floyd, Pocahontas

WASHINGTON: Centralia

WEST VIRGINIA: New Martinsville

that her husband failed to name a beneficiary. The sum thus becomes payable to the estate. It is subject to federal and state taxes, administration charges, and creditors' claims. Sometimes, in the end, the family for whom it was intended receives only a driblet of the property.

When you have your will drawn up, signed, and witnessed, the final question is: Where to put it? In the family safe? In your desk drawer? Decidedly—no! How many such documents, assigned to an accessible receptacle, have quietly vanished, no one knows. It is far better to trust the will to the custody of a responsible individual or corporation. Or place it in your safe deposit vault. That's the first place your family will look for it.

Once you have done this, don't think you are finished. A will does not operate until your death. Remember the advice you hand out to your patients about coming in for a physical check-up once a year.

Apply this principle to your will. Review it once a year. If there are any changes to be made, don't procrastinate. See that they are made—legally.

In themselves, these various things are just details. The important step is to *make a will*. And make it now. *Today*.

—JOHN CLIFFORD MELTON

C.M.A. SURVEY DONE

CALIFORNIA DEALS in superlatives. Everything there, from avocados to Garbo is the "most" something.

No exception is the state medical association's recently completed medical-economic survey—the *most* expensive ever undertaken by such an organization. It cost more than \$100,000*.

The end result is the association's 200-page *Formal Report on Factual Data of the California Medical-Economic Survey*, containing 143 tables and 57 charts.

Thus, the fruits of a process started in 1934 are available at last.

The survey was designed to

1. Find out how much people in various income brackets pay for medical and dental care;
2. Determine their ability to pay for and to secure adequate health services;
3. Discover the trend of professional income;
4. Review existing methods of providing medical care;
5. Suggest constructive reform based upon survey findings.

To achieve those ends, field work-

*The C.M.A. actually spent about \$46,000, although it had estimated originally that \$14,000 would do. The federal government contributed over \$55,000; the state dental association, \$800.

Prescribe

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HART DRUG CORPORATION, Pharmaceutical Manufacturers, Miami, Fla.

• Relieves nasal congestion

• Pleases the patient

Its Single Ingredient
fulfills every demand of
**DEPENDABLE
RAPIDLY EFFECTIVE
COUGH THERAPY**



PERTUSSIN

Saccharated fluid extract of thyme in a special form, the sole ingredient of Pertussin, effectively produces the four pharmacodynamic influences which the modern concept of cough therapy demands.

Promotes Secretion

Through direct influence upon the secreto-motor center in the medulla, Pertussin encourages the secretion of thin, easily dislodged mucus. Dryness in the respiratory mucosa is thus relieved, overcoming the constant desire to cough, and producing rapid subjective improvement.

Liquefies Tenacious Mucus

The therapeutic element of Pertussin is excreted by the tracheo-bronchial glands, hence aids in liquefying the secreted mucus. Unproductive coughing is made productive, and the

disposal of irritating, thick mucus is facilitated.

Improves Ciliary Action

Because it overcomes dryness and contributes to the removal of accumulated mucus, Pertussin restores ciliary activity with its valuable "sweeping out" action so that expectoration is further facilitated and resolution may progress.

Lessens Frequency and Severity of Cough Paroxysms

Pertussin exerts a notable sedative influence upon the cough center. Needless paroxysms are avoided, though productive coughing is permitted to continue unhampered. This sedative action is especially gratifying in paroxysmal coughs in which it lessens the severity and frequency of the seizures.

A liberal sample (4 two-oz. packages) of Pertussin for clinical evaluation, together with the brochure "Physiologic and Therapeutic Considerations of Cough," sent to physicians on receipt of coupon.

SEECK & KADE, INC., NEW YORK



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You may send me samples of Pertussin, together with your brochure.

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ME 1-38

ers interviewed 18,863 families comprising some 60,000 persons. Comprehensive questionnaires were sent to thousands of physicians, dentists, and osteopaths. A representative number of hospitals and public health agencies were also covered.

The survey's course was laid out by a committee of five appointed by the state association in May, 1934.

It was directed by Paul A. Dodd, Ph.D., of the University of California at Los Angeles.

To date, a health insurance bill has been the only tangible reform measure inspired by the survey. It cost the association more than \$7,000 to frame and submit. Though it created an uproar in professional and political circles, it twice failed to pass.

Consequently, any result of a broad medical-economic nature has yet to be realized. But the survey does supply statistical pigment for coloring up typical economic pictures of the physician and his patients.

Following are a few highlights:

According to the survey, covering the period from September, 1933 to September, 1934, the average California family

—is charged \$104.04 a year for medical services (making \$24.33 the average per person);

—pays about 44c of its medical dollar to physicians, 21c to dentists, over 11c to hospitals, over 7c

to druggists; divides the rest about equally among nurses, eyeglass vendors, osteopaths, cultists, and various forms of sickness insurance;

—budgets a \$1982 income as follows: medical payments \$75, food \$475, clothing \$191, rent \$291, utilities \$117, savings \$405, education \$58, miscellaneous \$370.

The survey shows that if you were the average physician in California in 1933, you would

—have a net income of \$3572, as against dentists' \$2769 and osteopaths' \$2129;

—have a net income varying with your years in practice as follows: less than two years, \$616; four years, \$2068; fifteen to nineteen years, \$4508 (your peak); forty to 44 years, \$2838;

—have the highest net income, \$3961, if located in a community of from 25,000 to 50,000;

—net, as a private practitioner, \$227 more annually than your average colleague on a full-time salary;

—collect 74.1% of your bills;

—own \$3283 worth of equipment, \$1811 worth of real estate;

—charge \$2.44 for an office call, \$3.44 for a house call, \$5.16 for a night call;

—spend 55.8% of your time in the office, 20.8% making house calls, 11.9% giving paid hospital service, 6.6% giving free hospital service, 3.4% doing laboratory work.



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MUCH COLDER

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LIQUID PEPTONOIDs with CREOSOTE

to promote expectoration and
to reduce irritation of the re-
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Samples and further information
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Pure Beechwood Creosote	2 min.
Guaiacol	1 min.
Proteins (peptones and propeptones)	5.25%
Lactose and Dextrose	11.3%
Cane sugar	2.5%
Mineral constituents (ash)	0.95%
Alcohol (by volume)	12.0%



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Arlington
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★ ★ LAUNCHING A

MEDICAL
BUREAU

Medical bureaus in Youngstown, Milwaukee, and other cities are playing an important part in the solution of the physician's business problems. This series shows how to establish and operate such a bureau. Mr. McGhee, the author, is executive director of the Pittsburgh Medical Bureau and an organizer of several other bureaus elsewhere.

By JOHN A. McGHEE

"NEVER CHANGE HORSES in mid-stream," runs the old adage. If I may compare directors to horses, the saying applies also to medical bureaus. Until the bureau is well-established, the temporary board of directors should be retained intact. It is advisable to re-elect the board for a fixed term after the first year. Change of leadership is undesirable. It nullifies progress by introducing divergent ideas.

The next question is:

Who handles the organization's funds?

The treasurer. He starts a commercial account with a local bank. Choice of the bank is up to the board of directors. Future needs may well influence the selection. For friendly banking connections will be handy when the bureau expands.

Eventually, the bureau staff will

record receipts and disbursements. For the time being, that job is the treasurer's. He likewise signs all checks. In his absence, the president or secretary may be given this privilege.

The treasurer also submits the monthly financial statement to the directors. Later, the executive director will do this. Nevertheless, it will remain the treasurer's task to verify and certify the figures.

It is now time to employ a manager. The natural inquiry is:

What type of manager should be selected?

First, he must have credit and collection experience. His executive ability must be above average. And he must be a man who commands respect.

Bureaus have failed because of a poor manager. It is *not* enough that he be a successful collector of delinquent accounts. He will constantly have to face increasing and varying economic problems. Hence, he must be:

1. Backgrounded in bookkeeping and accounting.
2. Acquainted with the general operative procedure of collection firms.
3. Schooled in investigating credit.
4. Able to organize an efficient office force.
5. Appreciative of the average physician's needs.
6. Sympathetic to the medical-

economics point of view.

That sounds like a big order. But there are a number of men so qualified. The real difficulty is not finding the right man.

It is this:

Can the bureau afford a salary sufficient to attract the right type director?

This is often a dark cloud on the horizon of any new organization. But there is a silver lining. Businessmen are optimistic about bureau development. They see that, properly managed, it can not fail. Consequently, they are often willing to leave more lucrative positions for the possibility of future earnings.

Of course, much depends on the organization's potentialities. In small communities, these naturally will not be great. Here the solution may be a woman director. Several medical bureaus are efficiently managed by women. Usually they can be hired for less than a man.

Put the manager under contract. See that his salary, his limits of authority, and his responsibility to the directors and members are clearly stipulated.

Once he is hired, hand him the reins. Let him attend to management details. Permit him to select and employ assistants. Allow him to collaborate with the board of directors in purchasing furniture, equipment, and supplies.

Don't vest individual directors with power. Divided authority

handicaps the manager from the start. To be sure, he must be responsible to the board. But only *as a body*.

In a later article, I will discuss disqualification of members from managerial capacities. At this point, another matter is more pressing:

Where should the offices be established?

The answer is:

In the heart of the business district.

Remember, thousands of accounts must be adjusted. Debtors won't journey to outlying districts just to pay bills.

So pick a central location. Be certain the building is one of good reputation and appearance. Above all, shun a building populated by your own members! It is advantageous that they be nearby. But *not in the same building*.

Experience shows this to be extremely practical advice. If it is not followed, the staff will be continually disturbed. Members will drop in for a friendly chat. They will inquire how a certain account is progressing. Some will urge the bureau to put pressure on certain patients. As a result, the manager will be a glorified host. His work will be neglected. Not that occasional visits ought to be discouraged. But if they become a habit, it is a distinct handicap.

Location brings up this next query:

R



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Use: Benzo-Zinc (in solution) for diagnosing the presence of pus in nose and the removal of same. Benzo-Zinc solution effectively contracts the mucous membrane of the nose, promoting aeration and ventilation of sinuses. Used with a suction nasal douche, it is very useful in determining the amount of pus present. Free trial sample on request.

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In Influenza
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ANGIER'S EMULSION

for double action that shortens the course, eases the patient.

First: It soothes throat and bronchial irritations, loosens cough, promotes expectoration.

Second: It carries off toxins fore-stalling intestinal complications and toxemia, and builds reserve strength through its Calcium Phosphorus content.

**USE IT DURING THE PRESENT
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ME 1-38

How much rent should the bureau pay?

That depends solely on the potential growth of the organization. The manager is best fitted to offer advice on this score.

But don't overlook one point. That is, possibility of a reduced rental. Explain to the landlord the bureau's connection with the medical profession. Mention that it is non-profit-making. Tell him that it will bring many persons into his building. In many ways, that is an asset.

Don't be too proud to state the facts. You must conserve your funds. Frank discussion will encourage concessions by the landlord.

How much space is needed?

Enough to answer immediate requirements. Usually, 600 to 700 square feet is ample. Small bureaus can do with 400. After all, you can always increase the space.

If the price is not too high, of course, slightly more than is immediately necessary may well be leased. This forestalls the possibility of moving too soon after the bureau is established. Moving interrupts the routine.

You will need a large reception room. This should be near the en-

trance. The remaining space can be divided into two small offices. One, fitted with a cashier's window, is for filing and general office work. The other is for the manager. In it, he conducts his interviews.

How should the office be furnished?

In equipping the office, good taste must prevail. Cheap furnishings and appointments will not do. The goal is a professional appearance. Remember, public confidence is always to be courted. And the public judges organizations largely by externals.

Buff-colored walls and walnut woodwork are a practical combination. Linoleum is a recommended floor covering for the reception room and general office. The executive office can have a rug or carpet.

Furniture must not be old or damaged. Nor must it be too heavy. It will have to stand a lot of shifting.

If finances permit, walnut-simulated steel furniture is excellent. But don't get used or battered oak. This will create just the effect not wanted; that of a cheap, commercial agency.

Work toward an atmosphere of dignity and efficiency. It may be well to attire your office girls in



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A highly absorbent sterilized menstrual tampon you can safely recommend

Special construction of surgical cotton and gauze draws fluid to center. Does not swell in vagina. Individually wrapped in Cellophane. Sterilized after wrapping. Send for free supply.

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1. Free from irritating alkalies and free fatty acids
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WHITE AS THE PURITY IT STANDS FOR—
Ivory is an important safeguard against dermatitic irritations often caused by less pure soaps.

ADDED TO IVORY'S GENTLE CLEANSING PROPERTIES—is a *mildness* unequalled even by many castiles. Analysis of 24 castiles proved that many contained free fatty acids or free alkali, both likely sources of irritation. This is in marked contrast to Ivory's high stand-

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BECAUSE IVORY COSTS LESS—mothers welcome your recommendation to use pure, safe Ivory for baby's bath. Ivory is sold in every grocery, drug and department store at a price so low that the poorest mother can afford its purity for her baby. So when you say *soap*, doctor—say *Ivory Soap*!



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white uniforms. A number of medical bureaus do this. It reminds the visitor that he is dealing with the *medical* profession. It suggests a strong organization. And it costs the bureau nothing. The girls buy their own uniforms. They don't object to this. In fact, it reduces their clothing expenses.

Now for the first service to be installed. This is a touchy point. Some members will prefer a telephone-call service. Others will want a collection service. Perhaps a third group may urge credit-rating before anything else. The way to settle this is to decide:

Which service do most members require at once?

For definite reasons, the collection department takes precedence.

It calls for little preparation. It obtains tangible results quickly. It offsets some of the cost of the membership fee. Its low average rate encourages members to list their accounts. It starts the bureau off with an income.

Is preliminary publicity needed?

Yes. It is highly advisable to inform the public of the bureau's activities. Newspaper publicity helps. Members can also aid by enclosing announcements of the bureau's work with their statements.

Pittsburgh's bureau supplies such announcements to members at cost. They explain the need and functions of the bureau. They state that all delinquent accounts are listed. They mention the efficiency of the collection department. They imply that the bureau is supported by the majority of the profession.

Some members go a step further. They caption their letterheads:

"Member of the Medical Bureau of Pittsburgh."

These gentle warnings have had gratifying results. No adverse reaction has appeared. Payment of
[Turn the page]

FREE RIDES HOLD PATIENTS

A NUMBER OF rural communities, such as the one in which I practice, have no street cars or buses. Nor can patients always get the use of the family car. It may become extremely difficult, therefore, to carry out a course of office treatment to its completion.

Like many of my colleagues, I have patients suffering from ailments which are not home-confining, but which can be treated only in the office by means of an alpine lamp, short wave diathermy, or other such apparatus. When people of this type find it difficult or impossible to get to the office themselves, they naturally tend to delay treatment or neglect it entirely. This, obviously, means a loss to them as well as to the physician.

For a number of years I experienced difficulty on this score in my own practice. Then, one day, I woke up and realized that something should be done about it.

I now follow the simple expedient of transporting patients to and from the office myself. Selecting a time, of course, which does not conflict with my regular hours.

The arrangement has worked remarkably well. I do not have so many patients of this type that the taxiing becomes onerous. And those whom I transport a few times are invariably grateful.

After all, if a patient skips a few appointments, he or she soon becomes reconciled to doing without any treatments at all.—M.D., New York.

both old accounts and current fees has improved markedly.

There remains one question at this stage:

What qualifications should be sought in employees?

Good education and family are essential. Scientific training, while desirable, is not necessary. But employees must have the ability to assimilate scientific material. They will have to attend medical and dental society meetings. They will have to become familiar with professional terminology.

Training a staff takes time. Therefore, it is economical to avoid unnecessary replacements. The bureau is a mine of confidential information, too. Discharged employees may be a source of embarrassing leaks.

Training is largely the manager's job. Some debtors are bound to claim the service given was improper or unsatisfactory. Each of these cases will have to be explained to the staff. This will soon equip them to combat alibis for non-payment.

Members MUST cooperate also. They should be willing to discuss any phase of their work. They should treat bureau employees as their own.

Necessity rules out fancy salaries for the staff. Consideration by the members can do much to balance this. It is customary to offer employees medical and dental care at cut rates.

A BUSINESS BAEDEKER

SUPPOSE you have to testify as an expert witness...What does it entail?

Or imagine that your collections have fallen off...How can you revive them?

Or let's say you want to change your location...How can you find a new one?

Questions like these bedevil every doctor who goes into practice. To answer them is the purpose of *The Physician's Business**, a 376-page handbook just completed by Dr. George D. Wolf, of New York City.

Dr. Wolf is attending otolaryngologist at Manhattan's Sydenham Hospital and a fellow of the New York Academy of Medicine. He has practiced medicine for some 25 years.

This long experience gave him a wealth of material for his new volume. He also drew from the available literature on his subject. Preparation of the manuscript took him over two years.

Only a limited idea can be given here of the book's scope. It discusses everything from office planning to the care of surgical instruments, from paying taxes to buying insurance, from managing one's

*J. B. Lippincott, \$5.



REDUCE BLOOD-PRESSURE
the reading stays down
RELIEVE THE SYMPTOMS
headaches and dizziness go

1-2 tablets t. i. d.
1/2 hour before meals.
Sample and formula
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We make Carbex Bell entirely of sodium bicarbonate and aromatics because our doctors tell us that sodium bicarbonate properly used is the fastest acting and most dependable material known to medicine for relieving the symptoms of indigestion.

A truly palatable tablet

SEND FOR SAMPLE

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Sample Carbex Bell, please.

Dr.

Address

office personnel to the writing of medical papers.

A good deal of the material which *The Physician's Business* offers has not been included in other medical-economic volumes. For example:

Quite a few books are available on the subject of hospital and operating-room procedure. But Dr. Wolf feels that they do not discuss adequately the handling of operative cases in the home or the office. Therefore, in his present book, he has attempted to fill the gap. He outlines, for instance, the duties of the nurse in emergency cases when the doctor is absent. Likewise, he lists instruments needed for operations outside of hospitals.

The last chapter of the manual discusses socio-economic trends in medicine. All the other chapters, however, are designed to give specific information on practical business questions which the physician regularly encounters.

"For years," the author told MEDICAL ECONOMICS, "I felt the lack of a truly inclusive reference work on the business side of practice. None appeared. So I decided to write a book myself which the doctor could have at his finger-tips and which would give him down-to-

earth solutions to his daily economic problems."

The end result of Dr. Wolf's efforts speaks for itself. As a practical handbook, *The Physician's Business* should be well thumbed for a number of years to come.

MINIMIZE MOVING RISK

DR. OMAR SIMMONS, of Newton, Miss., had a downtown office in a professional building. But he wanted to move uptown into the residential district and get himself a home-office.

Unfortunately, he didn't know whether the maintenance of an office outside the downtown business zone would be satisfactory or not. To be on the safe side, he constructed his home-office in such a way that a relatively small expenditure would, if necessary, transform the building into a two-family, duplex house. Then if he should want to move his office back downtown or leave the city, he could do so, renting the vacant quarters. The house would also have a better resale value.

"As it happens," says Dr. Simmons, "my home-office has proved to be highly satisfactory; so I don't contemplate moving. But protecting one's self in this way is well worthwhile—just in case."



TWOFOLD ACTION

1—Controls the weakening, distressing cough which serves no useful purpose.

2—Loosens tight and viscid secretion in the bronchial passages and aids in its expulsion.

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An Effective
ANTACID
Without Carbonates

For neutralizing excess acidity Phillips' Milk of Magnesia offers the advantage of having no carbonates or bicarbonates which, according to Cushney*, "seems to stimulate gastric secretion and to increase the acidity after a temporary diminution."

Phillips' controls the hyperacidity but does not produce the "acid rebound" associated with the carbonated alkalies.

Further, Phillips' Milk of Magnesia does not tend to constipate but on the other hand exerts a gentle laxative action for which it has been prescribed for over sixty years.

*Cushney, Arthur A., A Textbook of Pharmacology & Therapeutics, 10th ed. revised by Edmunds and Gunn, Lea & Febiger.



For convenience and to assure regular dosage for the ambulant patient—Phillips' Milk of Magnesia Tablets. Each tablet equivalent to a teaspoonful of Phillips' Milk of Magnesia (liquid).

Dosage:

As an antacid: 2 to 4 teaspoonfuls (2 to 4 tablets).

As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).

PHILLIPS'

Milk of Magnesia

Prepared only by
The Chas. H. Phillips Chemical Co.
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INVESTORS' CLINIC

Overture to business . . . try callable bonds . . . the fifty-fifty rule . . . gamble or speculate? . . . a hedge against loss . . . investing in a home.

PRESIDENT ROOSEVELT has made a peace offer to business. Some say it is a shillalah wrapped in poison ivy; others, an overture with rose-buds.

As I see it, the administration is concerned over the sudden chilling of industrial activity. It wants to encourage business to go ahead. And, as a means to that end, it seeks to start a \$10 billion residential building boom and to encourage the harassed public utility industry to construct new plants and equipment without fear that the government will finance the erection alongside of municipally-owned light and power systems.

Industry's answer to the invitation will depend largely, of course, upon what happens in Congress. It wants assurance that onerous tax burdens will be eased; that capital will be given equal voice with labor in settling disputes before government bodies about wage scales; that unauthorized sit-down strikes will be curbed; and that other restrictions on business will be removed.

Meanwhile, both government and business plan to combine resources to start the wheels of industry turning again. If they succeed, we may look for further industrial recovery; if they fail, unemployment will increase.

Meanwhile, the physician will do well to read the front pages of his daily paper. From the tenor of news reports he can judge as well as his broker or banker whether it is time to buy securities, or to sit tight.

☆ ☆ ☆

There is no sure stop-gap against declines in the prices of bonds. But some are more stable than others.

Take, for example, "callable bonds". These securities, except for one important difference, are like other bonds. They are issued in various forms and types. Some are secured by first mortgages on properties and others by prior liens (or first call) on the income of the corporations issuing them. But all of them, to be "callable bonds", contain a provision whereby the corporation selling them may redeem them at a stipulated price. Usually this price is at a premium of 5 to 10 points above parity. Which, translated into everyday language, means that the corporation may repurchase a \$1,000 bond from the owner if it is willing to spend \$1050 or \$1100 for the purpose.

Naturally, this callable feature of the bond is taken into consideration when an investor buys it. If he realizes that it can be redeemed at \$1050, he is not likely to bid \$1200 for it. He does not want to

take the chance that the bond may be refunded.

Consequently, in a rising market, a good bond of this type does not soar far above its callable price. Conversely, in a sliding market, it is less likely to drop precipitately.

This is well illustrated by the record of eight choice callable bonds during the past twelve months. They are selling today at only two or three points below their high prices of a year ago.

☆ ☆ ☆

The tendency to keep a fair amount of cash on hand is often said to be characteristic of the shrewd investor. He never knows when he may need it for an emergency or to take advantage of a bargain.

Such an individual shows similar acumen in handling the money he does invest. Under normal business conditions he places about half of it in prime stocks, the other half in bonds—according to the so-called "fifty-fifty rule."

When business conditions change, he changes the ratio accordingly. Thus, if inflation is prevalent, he increases his stockholdings and lessens his percentage of bonds. Conversely, in times of deflation, he invests more heavily in bonds than in stocks.

During inflation periods, of course, stocks rise and bonds tend to go down. While during deflation intervals, the two tend to fol-

low directly opposite courses. Occasionally, both bonds and stocks advance at the same time. But that is the exception, not the rule.

☆ ☆ ☆

Sometimes it pays to speculate, if you can speculate cautiously. By that I do not mean to gamble. There's a distinction. For example:

You *speculate* when you buy a stock which you think will be worth more next year because, in your opinion, the company has a good product and an able management to exploit it at an increasing profit. But you plainly *gamble* when you buy a stock today in the hope that you can sell it tomorrow or a day or two later at a small market profit.

The founder of a well-known international banking house follows an interesting speculative policy. He sets aside, say, \$100,000 of his surplus funds for the purchase of common stocks. Of that amount, 90% or \$90,000 is placed in common stocks with long dividend-paying records; the other 10% or \$10,000 is used to buy non-dividend-paying stocks. The latter shares, he believes *may* be worth something in years to come; but even if they aren't, his loss of only 10% of his fund will not embarrass him.

Many speculations of the kind described turn into losses. But not all of them do, as the record will attest. Witness early purchases of F. W. Woolworth, Singer Sewing

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in Medical Economics
American Journal of Surgery
Clinical Medicine & Surgery
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The National Drug Company, Philadelphia, U.S.A.

Good Reception is without Static



... It Applies to Collections as well as to Radio

Your reception of collections is safely consistent when McCaskey operates four ways to remove all static:

FIRST: You make the charge in front of the patient and stamp it in mind firmly.

SECOND: You always know on the instant what is owing when it counts the most—when the patient asks.

THIRD: You use a collection follow up that is based on simplicity and success—a powerful business-like collector.

FOURTH: You handle cases in a way that draws confidence and willingness to pay from patients.

The McCaskey method is built on successful experience—Write for details of its operation.

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Machine, American Can, and National Biscuit. At the time they were considered highly speculative; but they later brought rich rewards to those who invested in them and held on.

Possibilities of this kind exist for the physician as well as for the capitalist. But he won't find them in wild-cat oil or mining shares which fraudulent security salesmen are so busily trying to sell. He must be careful to buy only those stocks with real speculative promise which are listed on stock exchanges or are handled by reputable brokerage houses. And he should limit his purchases of them to not more than \$1 of every \$10 that he plans to put in common shares.

☆ ☆ ☆

Hedges are employed in finance as well as in the art of landscaping. Here are a few:

When you make an election bet and fear you'll lose, you can hedge it by betting the other way. That's a simple form.

In the stock market, too, you can hedge yourself against loss on shares you hold by selling an equal number short. To understand the technique you must know, of course, that a short sale is the direct opposite of a purchase. In a purchase, you buy with the idea of selling the shares later at a profit. In a short sale, you sell with the idea of buying the shares later at

a lower price.

Short sales are frequently made by "selling against the box." For example, a man owns and keeps in his safe-deposit vault 100 shares of U. S. Steel common. He fears the price is going lower so he sells 100 shares short—agreeing at some future date to deliver the 100 shares of stock to complete the contract. The profit he makes on this transaction offsets the loss he takes on the 100 shares of his own stock which he continues to hold.

A variation of this method of hedging is popular among managers of the investment accounts of large investment trusts. Owning, say, 10,000 shares of U. S. Steel common, they may not want to sell the same stock short; so they choose the stock of another steel company instead, on the assumption that if U. S. Steel shares sink in price the shares of other steel companies will drop also.

Such short sales are not frowned on by Washington. They are considered legitimate hedges. They are not raids on security values, but serve the purpose of conserving capital against undue shrinkage.

☆ ☆ ☆

Physicians who do not already own their own homes may find a convenient type of investment made possible by government efforts to stimulate residential building. Despite the unfortunate experiences suffered by many home



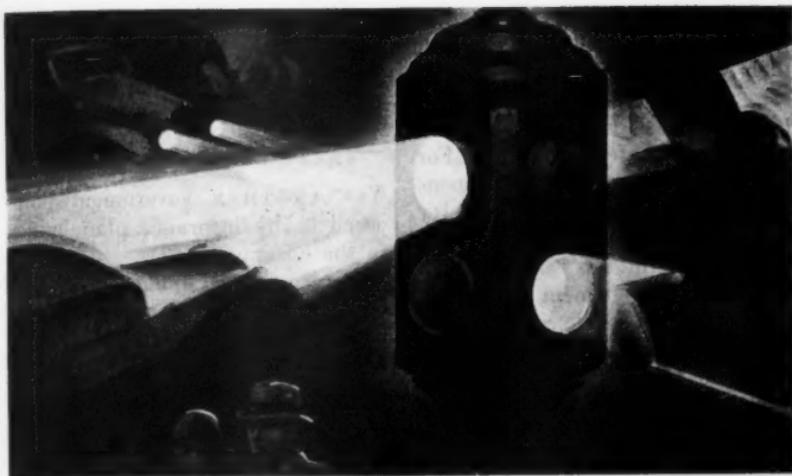
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FOOT on the brake, off the brake. Green light, red light, green light. Millions of cars on the roads requiring continuous watchfulness. Pedestrians leaping out of nowhere. You, as a physician, know how hard and nerve-racking a day's driving can be. Headaches are frequent—and often chronic.

Have you ever given Bromo-Seltzer a real trial as an analgesic? It has established itself as an effective pain conquerer. Its rapidity of action is a feature which merits your consideration. In scientific, synergistic proportions, Bromo-Seltzer ingredients are blended—for analgesia, sedation and gentle stimulation of mental activity. Citrates provide carbonic effervescence and combat hyperacidity.

Turn the green light on Bromo-Seltzer. You can prescribe it, with confidence, to your patients for relief of pain.

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owners in 1932 and 1933, when they found it difficult to pay off their mortgage interest charges and next to impossible to sell houses to others, real estate still rates as probably the safest investment. For one thing—no matter what happens to commodity prices or security values—the land still remains and the owner still has something to show for his investment.

Here is what Uncle Sam is doing to encourage people to build their own homes: (1) He is keeping interest rates low on mortgages. (2) He is giving buyers more time, through operation of the joint stock and land banks, to pay off their mortgages. (3) And now he proposes to reduce the amount of the necessary down payment.

The present down payment averages 20%. But the government seeks to cut it to 10%. Moreover, the government wants the carrying, amortization, and all other charges on mortgages to remain at 5%.

What does that mean in dollars and cents?

Let's assume that a man can buy a lot and build a home for \$4,000. Under the present plan to stimulate home-building, he would pay only \$400 down, signing a mortgage for the remaining \$3,600. On this amount 5% would be charged, or \$15 a month, which would keep up the interest and gradually pay off the mortgage.

Such an investment would seem to be well worth the attention of any physician who does not own a home and would like to take root in one of his own. He may find it more profitable than to put money into either bonds or stocks.

—FRANK H. McCONNELL

GOVERNMENT PLANS FURTHER INTERVENTION

YET ANOTHER government-sponsored health insurance plan looms in the offing.

The so-called Committee for Co-operative Medical Service for Federal Employees met last month to discuss a scheme which might snag 50,000 more government workers away from private practitioners.

This, at a time when organized medicine and at least one prominent senator are attempting to prove that the Group Health Association, Inc. of the Home Owners Loan Corporation is as dangerous to medicine as it is unconstitutional. Through it, the loss to private Washington physicians of some 2,000 H.O.L.C. employees is already threatened.

The cooperative medical service committee was organized formally last May. It has some ninety members. They are personnel directors and other representatives of government departments including labor, agriculture, commerce, treasury, interior, rural electrification, national housing, and farm credit.

The committee walked away from its meeting last month with the avowed intention of deferring attempts to establish a new medical cooperative until the legal aspects of the Group Health Association, Inc. are cleared up. But, far from marking time, it has set up and put to work several sub-committees. They are now studying the legal, medical, and sponsorship phases of what may be the largest cooperative medical plan ever pulled out

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Each Tablet of Alka-Vess Contains:

Calcium Di-Hydrogen Phosphate	3 grs.
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Sodium Bicarbonate	31 grs.

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PALATABLE

Alka-Vess is pleasant to take. There is no objectionable, earthy, alkaline taste.

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(Aspirin, Buffered Alkali, Effervescence)

Each Aspir-Vess Tablet Contains:

Aspirin	5 grs.
Calcium Di-Hydrogen Phosphate	2 grs.
Potassium Bicarbonate	1 gr.
Magnesium Sulphate (dried)	1 gr.
Sodium Bicarbonate	31 grs.
Citric Acid	19 grs.

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ADJUNCTIVE ALKALIZATION

Aspir-Vess is analgesic and antipyretic. Its value in the "catarrhal fevers," rheumatic and neuritic affections is enhanced by the presence of the alkali buffers—sodium bicarbonate and sodium citrate.

Usual dosage 1 to 2 tablets in two-thirds glass of water. Drink as soon as dissolved.

*Aspir-Vess is supplied in strong glass tubes
containing 25 tablets*



EFFERVESCENT PRODUCTS, Inc., Elkhart, Indiana

of the New Deal hat.

According to the committee, any new project would be independent of the Group Health Association, Inc. But it would be built along the general lines of that embattled structure.

Meantime, Senator Pat McCarran, (D.) Nevada, is whipping up a senate investigation of the G.H.A. He is particularly interested in finding out by what right the H.O.L.C. used \$40,000 of government money to finance a health insurance scheme.

"It certainly was not contemplated by Congress," Senator McCarran has stated, "that any money appropriated for the H.O.L.C.

would be donated for an experiment in state-subsidized medicine."

Many prominent members of the District (of Columbia) Medical Society hold the opinion that it will take more than a senate investigation to brake the momentum toward federalized medicine already generated by the H.O.L.C. plan. They point out that the Committee for Cooperative Medical Service for Federal Employees is, in effect, an extremely powerful lobby for a health insurance plan, embracing employees in practically all government departments.

"After that," they fear, "the deluge—compulsory health insurance for the nation."

STIMULATING PREVENTIVE WORK

DIPHTHERIA TOXOID, I have found, affords one of the best means of rendering a public service and building practice at the same time. It should, however, be made a part of one's regular routine. Otherwise it is likely to be neglected. My own schedule is as follows:

1. When babies I have delivered reach the age of six months, I send their parents a note. This points out the lack of marked symptoms by which to recognize diphtheria, and emphasizes the advantages of the toxoid. I enclose with my note a U. S. Public Health Service pamphlet on the subject. Parents appreciate this attention. Many have their children inoculated immediately. Quite often they pass my letter around among their neighbors.

2. I also make it part of my office routine to find out if every child-patient has had the toxoid, and when.

For those who haven't had it, a prompt inoculation is advised. The Schick test is recommended, of course, for those who have had the toxoid some time in the past.

3. A record is kept of all cases receiving the toxoid. If a child does not return for six months, I dispatch a brief letter, citing the necessity for a Schick test.

Many physicians complain that their local health department is giving diphtheria tests and toxoid in schools and in pre-school clinics. This is often the profession's own fault for failing to educate parents in the need for prevention. Too frequently, this educational work is left to the schools and to the health officials.

It is time for us to give more consideration to this problem. If we don't, the health departments will take a larger and larger slice of our practice.—M.D., Maryland.

TURNING A NEW YEAR'S LEAF



I, Dr. Rusharound, on the eve of the new year of 1938, do hereby resolve:

To keep appointments promptly. So that cobwebs will no longer be able to collect on my waiting patients.

To stop piling up medical journals on the radiator. I'll have my secretary clip them for me as they come in. We'll get more heat, too.

Not to discuss my dramatic cases with wide-eyed patients. The average one probably wonders, anyway, whether she's next on the gossip list.

To discontinue talking shop for one evening a week. Wife: "Hooray!" Friends: "No more free advice!"

Not to neglect my postgraduate study. If I'd only taken that course in gastroenterology last year!

To show up at medical society meetings. Before they forget what

I look like.

To catch up on my light reading. Seems the last novel I read was in college, by a young fellow named Thomas Hardy.

To get some regular exercise. If the worst comes to the worst, there's always ping-pong.

To maintain adequate insurance and a six months' bank balance before dabbling in the market. Guess those South American bonds will have to wait.

To freshen up the office a bit. Mustn't forget to replace that glorified burlap carpet and the chair with the springs hanging out.

To clean up the mess in my desk drawer. There are only three things to do with it: act on it, file it, or scrap it.

To use a regular follow-up system. Remind Mrs. Linn that her baby should be vaccinated; phone old man Costello to come in for a physical check-up.

To keep respectable records. They'll certainly cut down my aspirin bill.

To not forget that retirement-income plan. Even now, after a hard day, a rocker on the front porch looks good.

To be considerate of patients. Have a room or alcove for the women to primp up in, a full-length mirror, convenient hooks to hang coats on, up-to-date reading matter, and adequate lighting.

To stick to these resolutions—every one of them.

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But in medicine only certainty and knowledge can lead to successful result. That is why physicians of experience have definitely decided upon Agarol in the relief of acute constipation and in the treatment of habitual constipation. They have found by enlightening experience that Agarol accomplishes well indeed the therapeutic objectives of intestinal lubrication, softening of the fecal contents, and stimulation of peristalsis. And Agarol does it without exacting penalties by accessory or after-effects. There is not even the after-taste of artificial flavoring to get used to.



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MEDICINE AT SEA

Launched on the ocean of national politics, the Committee of 430 Physicians is having a rough voyage. This article traces its more recent course and focuses the binoculars on its probable destination.

FOUR HUNDRED AND THIRTY of the profession's biggest names recently found the state of medicine not to their liking. They plunged, therefore, into the sea of politics and struck out boldly in the direction of government subsidies and, they hope, a safe harbor for all medical men. At this writing, they are still paddling desperately; only a few having turned back.

On shore, the A.M.A. is trying to discourage their departure by pelting them with verbal stones. While out on the rocks, the sirens of socialized medicine are serenading them on.

The destination of the Committee of Physicians is obviously significant to the private practitioner. It may influence his eventual fate, not to mention that of his millions of patients.

Where, then, are the voyagers going?

Dr. Milton C. Winternitz, former Yale Medical School dean and the committee's vice-chairman, was queried on this score by the *New Haven Register*. He admitted that no one, not even the committee, is sure. Before anything like a definite platform can be drawn up, accord must be attained among the

nation's several hundred medical societies.

As yet, most of the societies haven't finished considering the committee's principles and proposals. But the comment of individual physicians indicates that accord is the one thing that will be conspicuously absent when the returns from the various medical societies filter in.

Storm clouds are looming on several horizons. In allegedly sunny San Francisco, something suspiciously resembling a hurricane is developing in the form of a set of counter proposals. Under the aegis of a group headed by Dr. Eugene S. Kilgore, copies of a "declaration of convictions" are said to have been sent already to 2,500 physicians. Limitation, instead of extension, of government participation in medicine is the goal of the San Francisco faction. The text of their proclamation is summarized on page 93.

Vigorously waving the flag for Dr. Kilgore *et al* are Drs. Elliott C. Cutler, professor of surgery at Harvard University; George Dock, of San Francisco; Haven Emerson, of New York City; and Noble Wiley Jones, of Portland, Ore. Dr.

"LIBERAL" PLATFORM

of the Committee of 430



"The health of the people is a direct concern of the government."

"A national public health policy directed toward all groups of the population should be formulated."

"Four agencies are concerned: voluntary agencies, local, state and federal governments."

"Public health services, federal, state and local, should be extended by evolutionary process."

"An immediate problem is provision of adequate medical care for the medically indigent, the cost to be met from public funds."

"Public funds should be made available for medical research...education...studies...hospitals..."

"CONSERVATIVE" PLATFORM

of Dr. E. S. Kilgore et al.



"The health of the people is a concern of government."

"The intervention of government should consist chiefly in promoting the security of the people in the enjoyment of health opportunities."

"[Intervention] should involve the minimum...of government agencies and...the maximum individual freedom and private initiative."

"Government agencies for ensuring the sanitary safety...should be maintained and in certain cases strengthened."

"Preservation and advance of standards in medical education, medical practice and medical research are more important...than the present problem of distribution."

"Government should avoid any general extension of the policy of subsidizing medical institutions."

Cutler is inspired by the extra zeal of a convert in that he originally signed the manifesto of the 430 and has since switched his affections to the San Francisco group.

The success of the counter-revolution is currently uncertain. Dr. Kilgore, however, has no doubts about it. His *coup d'état*, he predicts, will result in a "landslide." Furthermore, he hints that the signatures of some of the mutineers were affixed in a weak moment. Says he:

"A number of the signers... have admitted to me that they signed 'by request' and without seeing in the promise of political domination an abuse that lies beneath the pleasing prospect of government support..."

"Practically all" the Oregon signers, he asserts, "did not know what they were signing."

If the Pacific Coast physicians suffered such a lapse, not so their brethren on the Atlantic seaboard. At Johns Hopkins, for example, opinions are definite—and contradictory. Dr. Dean Lewis, surgery department director, is "backing Dr. Kilgore 100%." Government subsidies, he declares, would "ruin medicine." Sitting on the opposite side of the Johns Hopkins fence are

Drs. G. Canby Robinson and L. Emmett Holt, Jr., both signers of the Committee of Physicians' statement. They announce that they have no intention of moving over to the Kilgore camp. Meanwhile, Dr. Henry E. Sigerist, director of the Johns Hopkins Institute of the History of Medicine, suggests a "secret ballot" of the profession. His explanation is that the A.M.A. is "not opposed to a certain amount of terrorism."

Equaling the San Francisco storm in its intensity is the reaction in Rhode Island. There, both Pawtucket's Caduceus Club (composed of private practitioners) and the Rhode Island Medical Society have vented their disapproval on the "rebels." The club characterized them as a "small specialized class" seeking to usher in "state medicine." The society authorized rejection of the "declaration of independence" by both its house of delegates and its constituent district societies.

Similar flurries of protest are occurring in other cities. In Albany, capital of New York State, Dr. James F. Rooney told 70 indignant colleagues that "we are soon to have a secretary of health in the President's cabinet." In Chi-

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*Oelgoetz, A. W., Oelgoetz, P. A. and Wittekind, J., Studies in Bowel Drainage, Am. J. Digest. Dis. & Nutrition, 3:549 (October) 1936.

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cago, Dr. Karl Meyer warned young doctors against government plans to stifle their ambition. In New Orleans, Dr. James T. Nix tried to remain neutral by alternately branding the Gulf city's signers as "fine gentlemen" and government control of medicine as "repugnant" and "un-American."

Meanwhile, many medical journals, too, are sounding the tocsin.

The *Ohio State Medical Journal* recommends letting the public know that its pocketbook "will be raided again." If this is done, it prophesies, there is "some chance of giving the long-haired boys a run for their money."

The *Pittsburgh Medical Bulletin* presages that the whole thing will end up with the social workers and politicians in the driver's seat.

The *Bulletin of the San Diego County Medical Society* asks: "Isn't the provision of adequate medical care for the population by local, state, and federal governments the same as state medicine, *a la* U.S.S.R.?"

Further confusion is injected into the situation by the reported retractions of an unknown number of original signers. The *Jackson County (Mo.) Medical Society Weekly Bulletin* places the number

of backsliders at approximately 100, leaving a remainder of 330.

In the *Detroit Medical News* appears a letter from a signer, Dr. Hugo A. Freund, offering a possible explanation: "I do not advocate the principles and proposals as they are written," writes Dr. Freund. "It nowhere stated that the signers advocated the principles and proposals."

In Oshkosh, Wis., the action of Dr. F. Gregory Connell indicates that those signatory to the pact are perhaps taking it less seriously than the spectators. Dr. Connell, listed as a signer, couldn't remember whether he signed or not.

The *Indianapolis Star*, "gratified that no Hoosier physician's name appears on the list," attributes such slips to the "common propensity of the American people to sign almost anything."

It must not be supposed that the dissenters are the only ones making themselves heard. On the contrary, an almost equal number of defenders are rallying around the Committee of Physicians' standard. These defenders divide naturally into two classifications: The first group is not sure of the goal of the principles and proposals except that it is *not* socialized medi-

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• Apparently mild vitamin B₁ deficiency in humans is not characterized by very definite or entirely specific symptoms. While such a condition may be attended by anorexia, hypotonicity of the bowel, indigestion, vague pains and malaise, latent avitaminosis B₁ hardly presents a picture which is favorable to its early clinical detection. However, there are two procedures which may be employed when this type of avitaminosis is suspected.

The first procedure (1a) depends upon the nature of the response to administration of pure vitamin B₁. The second procedure, which has been more widely applied, makes use of the Cowgill formula for calculation of vitamin B₁ requirement. By consideration of the actual vitamin B₁ intake and the calculated vitamin B₁ requirement in any specific instance, the probability of mild avitaminosis B₁ may be evaluated (1b).

It is difficult to estimate the frequency of mild vitamin B₁ deficiencies in the United States. However, until such information is at hand, it is not illogical to suggest that latent avitaminosis B₁ must be regarded as an active possibility in some cases which may come to the attention of the medical practitioner. Fortunately, several factors are opera-

tive which give assurance that eventually the incidence of latent avitaminosis B₁ will be reduced to a minimum.

First, those concerned with human nutrition have today more definite information concerning quantitative human vitamin requirements than ever before in history (2).

Second, every passing year brings marked progress in education of the layman to the necessity of a completely "protective" diet. The control of the latent avitaminoses is, in large part, dependent upon proper food selection and correct formulation of the diet by the layman consumer.

In the establishment of dietary regimes which will be protective against vitamin deficiencies, commercially canned foods may play an important part. Several hundred canned foods are available upon the American market at all seasons of the year. Nutritional research has shown (3) that modern canned foods retain in good degree the vitamin B₁ contents of the raw materials from which they were prepared. This great class of foods—available to all consumers regardless of economic status—will contribute substantially to the alleviation and prevention of latent avitaminosis B₁ in this country.

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1a. 1935. J. Am. Med. Assn. 105, 1580.
b. 1934. The Vitamin B Requirement of Man, G. R. Cowgill, The Yale University Press, New Haven.
2. 1937. J. Am. Diet. Assn. 13, 195.

3. 1936. J. Nutrition 11, 383.
1934. Ibid. 8, 449.
1932. Ibid. 5, 307.
1932. Ind. Eng. Chem. 24, 457.

This is the thirty-second in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



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cine. The second group comprises so-called "liberals," who are pleased with the step taken by the "rebels" and who don't think it goes even far enough.

Leading those "shushing" the socialized medicine theme are the committee's own officers. Dr. John P. Peters, committee secretary, for instance, denies, in the *New England Journal of Medicine*, that the "declaration" is dominated by "any sweeping political or social formula."

"The principles," he explains, "enunciate certain generalizations that seem axiomatic. The proposals should not be interpreted apart from the principles, by which they are conditioned. Furthermore, they should not be considered individually since they mutually qualify one another."

Quite a number of the signers radiate this attitude of forebearance. "I have no fear," says Dr. Emil Amberg, of Detroit, "that government aid could involve state medicine and political domination of our honored profession. Doctors are too intelligent."

Dr. Earl B. McKinley, dean of the George Washington Medical School, scoffs at the fear of state medicine as "just a bugaboo."

"Why should hospitals and medical schools fear that federal funds will mean federal control?" he demands.

In Cleveland, Dr. T. Wingate Todd has also taken the situation in his stride. "There is going to be a lot of healthful discussion," he said, Coolidge fashion.

And what's more, summarizes the *Nassau (N. Y.) Medical News* lyrically, when the "sunlight of dispassionate examination" is thrown upon the manifesto, the "red tinge will fade" and the "pink can be made to disappear."

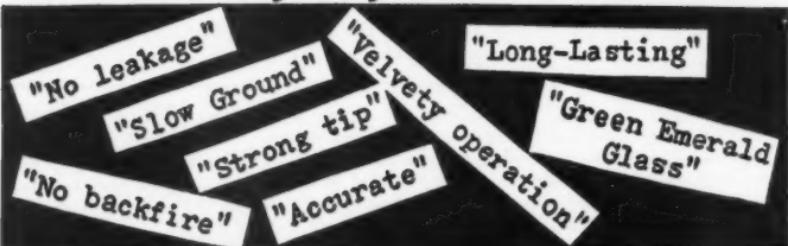
Certain optimistic commentators even view the revolt as a movement away from socialized medicine. Dr. Reginald H. Jackson, Madison, Wis. signer, belongs to this school. He maintains that "instead of aiding and abetting the socialistic propagandists, the purpose is to head off and block their plans."

As for fears of bureaucratic control?

"Pooh," says Boston's Dr. Channing Frothingham, in effect. A government department of medicine, he believes, would eliminate control by politicians. The Committee of Physicians are "intelligent men" and compulsory sickness in-

[Turn the page]

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surance is "absurd."

Bugaboo or no, the state medicine problem, it is evident, can not be dodged so easily. Whether it wants to or not, the Committee of Physicians will have to face the fact that government aid is considered, both by its friends and foes, as identical with socialized medicine. Lay public, press, and private practitioners are weighing it on that basis.

Newspaper critics, in fact, spy the medical Stalins just around the corner. "Let the government interfere," warns the *Melrose (Mass.) Evening News*, shaking an editorial finger, "and doctors will lose their ambition, perform their work mechanically. The personal interest so vital in medicine will vanish. Ambition born of independence will be killed. Medical progress will stop."

To the *Staunton (Va.) News-Leader*, the "declaration" is another sign that we are "looking to the government to solve too many of our difficulties."

And the *Christian Science Monitor* predicts that government subsidies would transform the profession into a "regimented arm" of a "politico-medical machine" whose "tentacles would reach into every

state, county, and township in the land."

To certain "liberal" sheets, however, this prospect is not displeasing. Greeting the "revolt" as a "hopeful sign," the *Brooklyn Tablet*, Roman Catholic weekly, insists that socialized medicine is the "only resource of a long-suffering public embittered and angered by the evils of organized medicine." *The Nation*, congratulating the Committee of Physicians, comments that the "patient public will welcome any open revolt against the reactionary medical machine."

In addition to the "accord" between medical societies desired by Dean Winternitz, there is another even greater obstacle in the committee's path, namely, the A.M.A. The A.M.A. must endorse the movement before a definite program can be formulated, Dr. Winternitz believes.

At the present moment, that seems to be the last thing in the world the A.M.A. intends to do. In a recent statement, the trustees reaffirmed the Association's stand thus:

"Until . . . the regularly chosen representatives of the 106,000 physicians who constitute the membership of the American Medical As-



Help Her Enjoy More Days of Outdoor Sports

by prescribing HVC (*Hayden's Viburnum Compound*), a safe and long tested antispasmodic and sedative which contains no narcotics or hypnotics.

HVC is indicated not only in general medicine but also in Obstetrical and Gynecological practice.

Trial Sample with Literature to Physicians

**NEW YORK PHARMACEUTICAL CO.
BEDFORD SPRINGS** BEDFORD, MASS.



EST.
1841

IN ATROPHIC ARTHRITIS

Cohen recently reports noteworthy success in a series of cases of atrophic arthritis where calcium ortho-iodoxybenzoate (Oxo-ate "B") was the only drug therapy employed. (Clin. Med. & Surg. 44:341, 1937.)

The report is of especial significance because:

1. The patients selected had previously failed to respond to the usual forms of therapy, including anti-arthritis drugs.
2. They received Oxo-ate "B" in doses from two to four times larger than standard.
3. Treatment was continued for an average of three months.

OXO-ATE "B"

(Calcium ortho-iodoxybenzoate)

As a Tonic

When a tonic is indicated Eskay's Neuro Phosphates is of proven value.

ESKAY'S NEURO PHOSPHATES

In Iron-Deficiency Anemias

Feosol Tablets are the standard form of ferrous sulfate—the efficient iron therapy.

FEOSOL TABLETS

SMITH, KLINE & FRENCH
LABORATORIES
PHILADELPHIA, PA.

sociation...determine, after due consideration, that some fundamental change or resolution in the nature of development, distribution, and payment for medical service in the United States is necessary, physicians will do well to abide by the principles which the House of Delegates has established."

UNDERWRITERS ADVISORY BUREAU

of New York

IN November MEDICAL ECONOMICS, under the title, "Jobs (?) for Sale: \$17.50," an article was published which described generally the activities of medical-directory and medical-listing companies, together with certain abuses which have been found to exist in some of them. This article was suggested originally by a letter received from a Dr. C. H. Kelchner, who inquired about the Underwriters Advisory Bureau, of 123 William St., New York City.

Since its publication, the Underwriters Advisory Bureau has registered a complaint, claiming that the article constituted an attack directed against it specifically.

MEDICAL ECONOMICS wishes to state that its November article was not intended as a condemnation of the Underwriters Advisory Bureau in any particular, nor was any inference intended to be drawn from the article

that the complaining bureau was in any way aimed at. The sole object of the article was to describe certain abuses that some of the medical directories and medical-listing companies have been found guilty of and to emphasize to the medical profession the necessity of making a careful investigation in each individual instance.

The Underwriters Advisory Bureau has offered to exhibit its records to us at any time that its service among physicians is questioned. We have already availed ourselves of this opportunity and have looked at some of the bureau's records at its office. There we were shown some applications marked "rejected," together with letters returning registration fees. We were informed that the bureau makes an investigation of all doctors registered with it.

As a business magazine for physicians, MEDICAL ECONOMICS feels that one of its responsibilities is to issue general warnings to its readers about activities in fields in which abuses have been found to exist. This it has always done and will continue to do.

ABOUT 106,000 physicians—less than two thirds of the entire American medical profession—are enrolled in the A.M.A.

UNDER English common law a physician could not sue for his fees. America broke from this yoke in 1789 when the Supreme Court of Massachusetts upheld the right of doctors to start action for unpaid accounts.

Mu-col

SALINE-ALKALINE BACTERIOSTATIC

Prophylactic and detergent in powder form, does not deteriorate, quickly soluble. Safe and effective for vaginal cleansing—non-poisonous, non-corrosive. Described by physicians as "cleanest and most acceptable preparation in its field". Soothing and healing for burns, for nose and throat, and skin irritation.

—THE MU-COL COMPANY, Dept. ME-18, BUFFALO, N. Y.—

Return coupon with card or letterhead attached for sample (sufficient for 6 qts. solution for clinical test).

Name.....

Address.....

M.D.

ZERO HOUR . . .



BEFORE major or minor operations—
Regardless of the type of anaesthesia used
— the pre-operative administration of
BiSoDoL will be an effective preventive
to post-operative acidosis and nausea.
Clinical experience suggests . . .

R BiSoDoL

THE BiSoDoL COMPANY, JERSEY CITY, N. J.

WRITE FOR FREE LITERATURE AND SAMPLES

MEDICAL ECONOMICS • JANUARY • 103



THE PHYSICIAN OF TODAY
TREATS HIS PATIENTS'
MENTAL AS WELL AS
PHYSICAL NEEDS...

WHEN YOU RECOMMEND

TAMPAX

NEW YORK CITY
MENSTRUAL TAMPONS

to your women patients you do both. TAMPAX confer physical comfort as well as mental poise and peace of mind. They are completely invisible, easy to insert and retain, easy to remove and dispose of. TAMPAX are thoroughly hygienic, each is packed with individual applicator (exclusive to TAMPAX) wrapped in cellophane. They are made of highly absorptive long fibre surgical cotton, so stitched that they cannot disintegrate—so comfortable that the wearer forgets their presence. No pins, no pads, no belts. Your patients will bless the day they learned of TAMPAX.

Available in packages of five and ten at all drug and department stores.



• A full-size package of ten, adequate for an average month's supply, to Physicians or Nurses on request.

TAMPAX Incorporated
DEPT. ME-6, NEW BRUNSWICK, N. J.

Accepted for Advertising by the Journal of the American Medical Association.

★ THE NEWSVANE ★

UNCLE SAM, MOTHER'S HELPER
Eight out of every ten persons in the country want Uncle Sam to assume more obstetrical responsibility. In a nationwide survey completed recently by the American Institute of Public Opinion, several thousand men and women were asked, "Should the federal government aid state and local governments in providing medical care for mothers at childbirth?"

"Yes," said 81%.

Party alliance meant little in the voting. Even Republicans subscribing to the general principle that Washington should not interfere in local affairs, overwhelmingly favored federal aid to mothers.

The institute also found that half the 2,000,000 babies born each year in the United States arrive in families earning \$24 a week.

TO TB-TEST ALL CUBA

By turning the entire island of Cuba into a gigantic laboratory, the government there expects to discover who among its 4,000,000 citizens harbor tuberculosis. The TB-test campaign is being directed by three faculty members of the Cornell University Medical College: Drs. Edgar Mayer, Morton C. Kahn, and Wilson G. Smillie. Any Cuban—man, woman, or child—reacting positively to an injection

test will be x-rayed by the paper-film method. This permits more than 1,000 exposures a day at low cost. Part of a sum of \$1,000,000 raised in a national lottery is financing the project.

A HOSPITAL A YEAR

Soon the Commonwealth Fund of New York will select a rural community to bless with a modern hospital. Its choice will be announced in April.

Each year since 1926 the fund has helped some rural township bring its health facilities up to par. It grants a minimum of \$200,000 toward the capital costs of building a 25- to 50-bed hospital. Along with the money go blueprints, specifications, and architectural supervision. The fund offers expert advice on the organization of the hospital corporation and the medical staff. It also aids in unraveling administrative knots and provides postgraduate fellowships for the new institution's staff.

In turn, a community is required to raise from 20% to 30% of the capital costs, to provide a site, and to contribute from \$10,000 to \$15,000 for first-year operations. It must also agree to keep the hospital up to the standards of the American College of Surgeons.

The fund has already made hos-



Truly Hawaiian

As authentically Hawaiian as the Island game of "Konane" is the field-fresh flavor of Dole Pineapple Juice. Packed without added sugar, without preservatives of any kind, this sprightly fruit drink wins the favor of both doctors and patients. Consider this typical analysis:

Moisture (by drying)	84.7%
Protein (Nx6.25)	0.4%
Fat (ether extract)	0.03%
Crude Fiber	0.1%
Ash	0.4%
Total sugar as invert	13.1%
Acidity as anh. citric	0.9%
Carbohydrates other than crude fiber, by diff.	0.37%
Calories/gram	0.57
Calories/ounce	16.0

When you are thirsty, Doctor, why not try a cool glass of Dole Pineapple Juice? You'll like it, too.

Hawaiian Pineapple Company, Ltd., also packers of "Dole Pineapple Gems," Sliced, Crushed, Tidbits, and the new "Royal Spears." Honolulu, Hawaii, U. S. A. Sales Offices: San Francisco.



pitals possible in Murfreesboro and Kingsport, Tenn.; Farmville, Va.; Glasgow, Ky.; Farmington, Me.; Wauseon, Ohio; and Beloit, Kansas. The latest to open is at Tupelo, Miss. (October 3, 1937). The ninth is being constructed at Ada, Okla.; and plans have been started for the tenth in Provo, Utah.

"CALL YOUR DOCTOR!"

Passersby stared recently at 25 telephones displayed (see below) in the window of Theodore Kramer's drugstore near Lincoln Square, Manhattan. Beneath each instrument a black card inked in white carried a doctor's name, address, and telephone number. Larger cards exhorted: "Call your physician at the first sign of illness!" "Early diagnosis is usually the surest cure."

Mr. Kramer had devised this to corral neighborhood prescription business. He approached all doctors within a radius of five or six blocks of his store. To them he

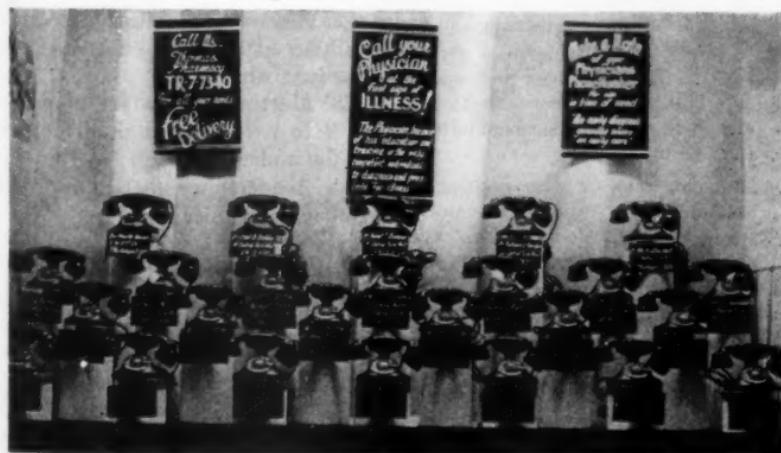
made the point that the window would be in the nature of a service —a directory of medical talent available in the vicinity.

Soon a number of pharmacists in the neighboring borough of the Bronx were, like Kramer, "stopping them" with windows full of phones and physicians' names and numbers. But they, in turn, are being stopped by the local medical society which, last month, tagged the scheme a breach of ethics on advertising.

\$100 FOR YOUR THOUGHTS

Almost as regular nowadays as the months themselves are reports from medical societies of their efforts to make the average physician more articulate. One of the latest has come from the Mississippi Valley Medical Society.

Some time next summer some licensed physician somewhere in the United States will receive \$100 for submitting to that society the best essay on a subject of interest and value to general practitioners. In



Passers-by learned a few doctors' phone numbers.

PAMPHLETS ON Socialized Medicine

For Distribution to Your Patients



Do you believe the public should be taught the evils of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet shown above. They're available *at cost*: 25c for a carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief—only about 900 words long. They're carefully worded to reflect the best professional ethics. They're comprehensible to anyone. And they're inexpensive and convenient to use.

No commercial or other imprint appears on them except the words, "Copyright, 1938, Medical Economics, Inc." in small type. They measure 6" x 3 1/3" and have two folds. A sample is yours for a three-cent stamp.

Medical societies may obtain the pamphlets in large lots (without cartons) for distribution among service clubs, legislative bodies, and other opinion-molding groups.

Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.

In addition, he will receive a certificate of award and an invitation to read his paper at the society's annual convention, September 28, 29, 30.

Harold Swanberg, M.D., the society's secretary, told MEDICAL ECONOMICS last month that papers on the economic as well as on the scientific phase of medicine will be considered.

Manuscripts must be received by Dr. Swanberg at 209-224 W. C. U. Building, Quincy, Ill., not later than May 15. He will gladly supply further essential information about the contest.

SPEAKERS TOE MARK

Late-comers and too-technical speakers who take more than their allotted time are being disciplined by the Academy of Medicine of Cincinnati. Its program committee recently adopted these four regulations.

1. Twenty minutes will be the maximum time limit for all local speakers, five minutes for discussants.

2. A two-minute warning signal will be sounded for the benefit of the long-winded.

3. Meetings will start promptly at 8:15 P.M., regardless of the size of the audience.

4. Academy members must avoid soporific technicalism.

THE HELL OF PUBLICITY

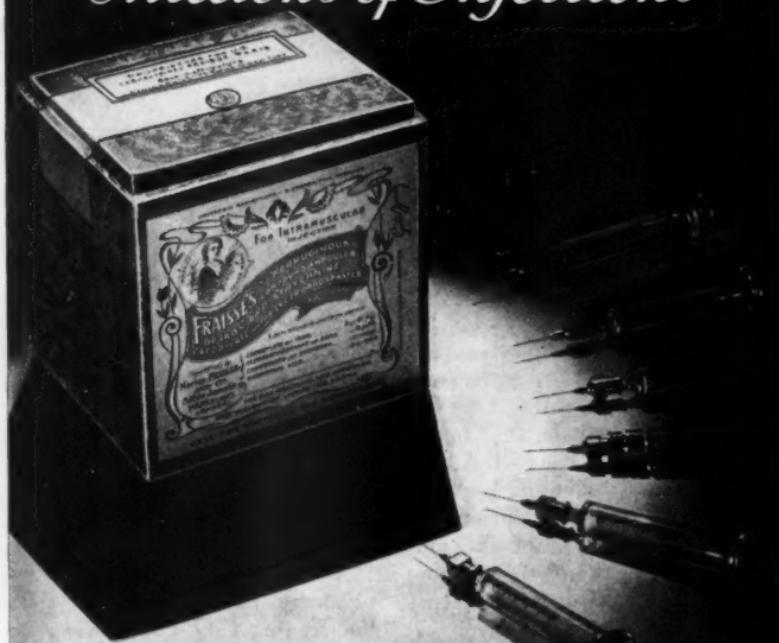
Scientific discoveries should be adequately publicized, it is said today. Yet not so long ago bitter criticism of such publicity was the rule. Witness the following excerpt from a recently publicized letter by Röentgen:

"I mailed the reprints, and then

PRACTICALLY PAINLESS

the consensus of medical experience after

Millions of Injections



FRAISSE AMPOULES OFFER THESE EIGHT ADVANTAGES:

1. Painless injection of iron and vital synergists
2. No unpleasant reaction at site of injection
3. Completely absorbed and utilized
4. No gastric intolerance
5. No staining of teeth; no unpleasant taste
6. Dosage accurately controlled
7. Prompt clinical improvement
8. Economical—as low as 7¢ per ampoule when bought in box of 100

L. FOUGERA & CO., INC. • Distributors • NEW YORK

*Ferruginous Compound Ampoules
Fraisse*

hell broke loose! The Vienna press was the first to blow the trumpet of advertising. . . In a few days I was disgusted with the business. I could not recognize my own work in the reports any more.

"Gradually, I became accustomed to the uproar, but . . . for exactly four weeks I was unable to make a single experiment. You have no conception of how upset things were here."

FALSE AMBULANCE ALARMS

Summon an ambulance unnecessarily in New York City now, and the Black Maria may pick you up later.

Edward Beaford called for an ambulance recently when his cat suffered a feline disorder. He was arrested by investigators of the department of hospitals and found guilty of disorderly conduct. A two-day stay in jail followed.

It is estimated that during the past year, over 50% of the ambulance calls in two New York boroughs were unnecessary. They cost the city more than \$210,000.

THE GOOD AIR

Henceforth, in Cincinnati, Ohio, the maximum temperature differential between the inside and the outside of an air-conditioned building will be fifteen degrees. The city's new ordinance to that effect has been praised highly as a health measure by the Air Conditioning Manufacturers Association.

LABOR AND RED MEDICINE

Segments of the laboring class have been deluded into thinking that socialized medicine spells *free* medical care. To wit: the Brotherhood of Painters, Decorators, and Paperhangers of America. At its recent convention, in Buffalo, N. Y., delegates lustily "ayed" the following:

*"Resolved, That our Brotherhood . . . recommend that our federal government, as well as all our states, provide some form of socialized medicine whereby our Brothers, as well as their families, will be protected in all cases of sickness, operations, and hospitalization *free of charge.*"* [Editor's italics].

The brotherhood also resolved to fight for the adoption of the foregoing by the American Federation of Labor.

But the parent organization has refused the zealously proffered torch.

Almost concurrently with the painters' attack of economic colic, the Kansas City *Labor News* declared:

"Labor is not in favor of free medical care furnished by corporations or by federal, state, or local communities. . . Men of labor prefer to choose their own medical attendant. . ."

The paper went on to say that labor does not favor compulsory health insurance. Why? Because

[*Turn the page*]

BOILS STANNOXYL STYES

TREAT BOTH BY MOUTH • 4-8 Tablets Daily • Write for Sample

STANNOXYL
From the and The Other
ANGLO-FRENCH DRUG CO. U.S.A. Inc., 1270 B'way, New York



ENDERMIC TREATMENT in COLDS, RESPIRATORY AFFECTIONS

The external application of the emplastrum Numotizine not only exerts the hyperemic decongestive effect of a kaolin cataplasm but releases its contained antipyretics—guaiacol and creosote—for absorption through the skin. In this way the digestive organs are released for the administration of other drugs which may be indicated.

Numotizine, heated to body temperature, may be spread on gauze or cheesecloth and placed on the chest, axillae, or back. It may, if desired, be used in conjunction with the pneumonia jacket.



NUMOTIZINE, INC.
900 NORTH FRANKLIN STREET CHICAGO, U. S. A.

Vox Doc

NOT Reg. U. S. Pat. Off.

BETTER OFF IN THE SCHOOLHOUSE?

—, N. Y.—**More than half the pupils in P.S. No. ____ have secondary anemia. I hope to keep them on Heptogene medication this winter and compare the absences for sickness with last year and with this year's record for other schools.

NOT A RETICULOCYTE IN A CARLOAD!

ALBANY — **As soon as I hear a patient confess to more than a pack of cigarettes a day I make a hemoglobin determination for him. It's my recent experience that 90% of the really

heavy smokers are anemic. I know that requests to stop smoking aren't obeyed so I just comment on the relationship and prescribe Heptogene.

HICI HICI HICCOUGH!

BALTIMORE—**You ask about nutritional anemia. The only nutritional anemia I've encountered in years has been in chronic alcoholics. Knowing that in their nervous condition they expect the Doctor to work miracles I undertake to correct this anemia at the outset. It makes the whole job easier.

FOWL ANEMIA

STOCKTON, N. J.—**The four pens of White Leghorns will be nine months old December 26th. Two of the pens have had the iron, copper, calcium supplement in their mash since they were 3 days old. The other two pens have had the regular mash. As I phoned you on Friday, mortality from Range Paralysis took only 3% in the supplement diet pens and 11% in the control pens. I'll have comparable laying records next week. It's my observation that we're getting more and bigger eggs with fewer water courses from the two test pens.

I suggest we put eight pens on test next year beginning with the January hatch.



"What's good for a sore back, Doctor?"

—Courtesy of Liberty

PIMPLE, PIMPLE, WHO'S GOT A PIMPLE?

CLEVELAND—** I suppose every general practitioner has been baffled and annoyed at his occasional inability to bring relief and peace of mind to those pimply adolescents who tearfully present their problems. I've discovered that most of them are anemic and as soon as the blood picture is improved the reaction to the specific medication and diet regime is quickened and intensified.

THE MORE ABUNDANT WIFE

BRONXVILLE—** Why don't you concentrate on obstetricians? Almost every pregnancy we see is complicated at least during part of the term by anemia, frequently concomitant with calcemia. Most of us have had our trials with iron preparations which cause gastric upset and force an interruption of treatment. I haven't had a single bad reaction to Heptogene medication.

HOW WELL IS WELL?

NEW YORK—** We are almost finished with the mid-town offices. Dr. _____ was right. We haven't hit a group yet where as many as 40% ranked above 75 (hemoglobin). It's going to be interesting to follow those two on the Plaza where we'll have the continuing records. Next week we start on the candy factory. How are you



HEPTOGENE FORMULA*

EACH TABLET REPRESENTS APPROXIMATELY:

Liver Extract	3100 mgms. of fresh liver
Iron albuminate	1 2/3 grains
Copper Biobasic	1/100 grains
Calcium Gluconate	1 1/5 grains

Where a roborant is indicated this formula is gaining increasing favor among a wide range of specialists and general practitioners.

* See discussion in N. Y. State Journal of Medicine, July 15, 1937; N. Y. State Journal of Medicine, August 15, 1937; Journal of the A.M.A., September 11, 1937.

betting? Will these sugar burners be more or less anemic than office workers? The foreman says the girls eat less candy than I do.

Literature and Samples of Heptogene on request

BIOBASIC PRODUCTS, INC.

ROCKEFELLER PLAZA, NEW YORK CITY

"it is one of the factors in the production of cheaper labor by the captains of industry" and is "used as camouflage to induce workers to accept less pay."

GOLDEN RULE FOR CRIPPLES

Using reciprocity agreements as a broom, several states have swept aside residence requirements under which services to crippled children are paid for out of Social Security Act funds. North Carolina, Colorado, and Nebraska are in the van of this move. The latter, for instance, has provided that its Social Security agency will even assume financial responsibility for medical care for children whose families, though legal residents of Nebraska, are living temporarily in another state.

The Childrens Bureau of the U. S. Department of Labor is confident that such precedents will inspire similar agreements in all states.

NOTHING FOR SOMETHING

Actuaries know that insurance companies cannot offer something for nothing and still remain solvent. But, on the assumption that many physicians have either forgotten or have never recognized that truism,

fly-by-night concerns in the Midwest are now prospering. They continue to unload shoddy policies which offer, apparently, more coverage than their premiums warrant. Several state medical societies have issued warnings. Colorado doctors, for example, have been told that a number of direct-mail insurance companies have unconscionably paltry assets, and that all insurance offerings should be investigated before being accepted.

DEBATED FEES PAID

Physicians in New York City are convinced that a way has been found to prevent fees for workmen's compensation services from being disputed out of existence. The conviction is based on a year's experience under a system for arbitrating differences of opinion on such fees.

During that time 651 bills for compensation work have been arbitrated. The fees in dispute amounted to almost \$56,000. Nearly 57% of that sum has been awarded to physicians.

An amendment to the New York State Workmen's Compensation Act has made the arbitration plan possible. Here's how it works:

An insurance company files an



FREE SYSTEM **Collects Accounts!**

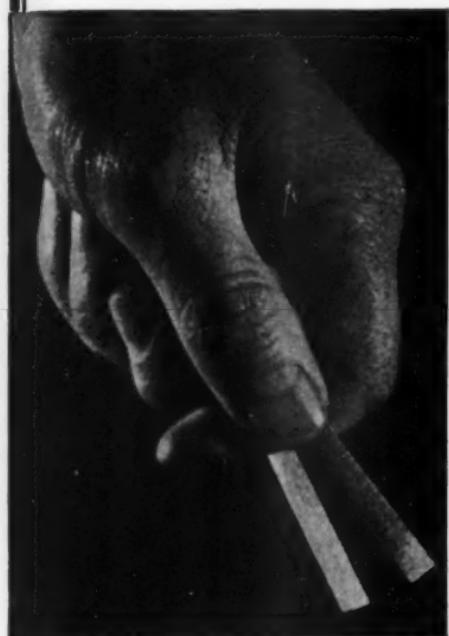
You mail the notices to patients, the money comes direct to you, unshared. Response is immediate and cordial relationship is maintained. The Physicians' Collection System is yours for the asking. Use the coupon.

ARROW SERVICE
Arrow Building
Schenectady, New York

Dr.
Address
City Please send me your FREE
Physicians' Collection System.

Forget the Litmus Reaction

But Remember...



SANMETTO

Sanmetto is equally anti-septic in acid and in alkali urinary secretion.

Preliminary medication to prepare the urinary tract is unnecessary.

Administered orally, this time-honored formula of Sandalwood and Zea and Saw Palmetto is simple to prescribe, palatable, with no disagreeable or unpleasant by-effects.

Added to these advantages SANMETTO encourages prophylactic diuresis, soothes the inflamed genito-urinary mucous membranes, decreases discomfort and assists healing.

See that your prescription for Sanmetto is filled by a reliable pharmacist.

OD PEACOCK SULTAN CO., *Pharmaceutical Chemists*
4500 Parkview

St. Louis, Mo.

objection to a doctor's fee with the state industrial commission. At the same time the company and the physician whose fee is in dispute sign an agreement to abide by the decision of an arbitration board of four. Two arbitrators for the doctor are appointed by his local society; two for the carrier, by the insurance rating board. When the four arbitrators fail to agree, they select a fifth. His decision is final.

In addition to sitting in judgment on fees, these arbitration boards can weigh a physician's competency or ethical standards.

HOSPITAL EXPENSE DAMNED

"A great many patients . . . demand private rooms and special nurses when they have no need for either. Then they complain when the expense of their illness is great."

Thus spoke Dr. J. H. J. Upham, A.M.A. president, at the recent annual conference of the Oklahoma City Clinical Society. That is one reason, he explained, why the cost of treating the ill and the injured grows beyond proper bounds. He also decried the tendency of hospitals "to forget that they are repair shops, not luxurious hotels."

A few days later, at the yearly meeting of the Oklahoma State Hospital Association, Robert E. Neff, president of the American Hospital Association, agreed that too many patients demand more expensive service than they need or can afford. But he defended high charges by hospitals. "We need appliances and devices that are up to date," he declared. "Hospitals must follow the lead of physicians who demand the best for their hospital practice."

RIGHT STORY: WRONG SLANT

Occasionally, the American press' traditional nose for news misinterprets a scent. For instance, there's the story that broke recently in Peabody, Mass.

Its substance was that several nurses deserted a five-year-old patient while he lay in an oxygen tent—"walked out on him," one paper had it. The reason given was that since it was "an insurance job," the nurses would have to wait too long for their money.

In all, newspaper reports of the incident quite thoroughly besmirched the nursing profession's reputation for loyalty.

Aroused, the American Nurses Association probed for facts. Subsequently, it was able to present the incident in its true light. "The nurses did not 'walk out,'" said

Endo
ESTROMONE
ESTROGENIC
HORMONE
(OVARIAN FOLLICULAR)
Now in tablet form

A Physiologically Standardized Tablet for Oral Administration in Ovarian Therapy. It is a practical mode of medication in cases where hypodermic injection is undesirable. Can also be used to supplement in conjunction with the injection therapy of Estrogenic hormones.

Indications
GONORRHEAL VAGINITIS (in children)
SENILE VAGINITIS
FUNCTIONAL DYSMENORRHEA.
Supplied in tablets of 1000 and 2000 Int'l units, packages of 20 and 100 tablets.

ENDO PRODUCTS, Inc.
395 Fourth Ave., New York City

ENDO



Dramatic RESPONSE IN PRURITUS

Few indeed are the conditions in which symptomatic relief is so welcome, and produces such dramatic response as in pruritus. Control the itching, and the distracted, tormented patient on the verge of hysteria, becomes calm, possessed, comfortable, and cooperative.

Calmitol solves the difficulty of antipruritic medication. Its composition (chlor-iodo-camphoric aldehyde, menthol, and laevo-hyoscine oleinate in a vehicle of alcohol, ether, and chloroform) insures prompt, dependable, and sustained therapeutic action. Adequate local anesthesia blocks the cutaneous end organs and

nerve fibers, preventing the further transmission of offending impulses. Mild antiseptic action and induced active hyperemia contribute to the eradication of infection and hasten the disposal of irritating toxins.

Calmitol may be used to outstanding advantage in all conditions attended by pruritus, regardless of etiology. It is dependably effective in dermatitis venenata including ivy and oak poisoning, dermatitis medicamentosa, ringworm, eczema, urticaria, intertrigo, and pruritus ani, vulvae, and senilis.

Generous test quantity sent to physicians on request.

THOS. LEEMING & CO., Inc.

101 W. 31st STREET, NEW YORK

Calmitol LIQUID and OINTMENT

THE DEPENDABLE ANTI-PRURITIC



the association. "No law of honor was broken. Two of the three special nurses did report to the attending surgeon twelve and sixteen hours, respectively, in advance of the time when they were next to go off duty, stating they could not continue with the patient since payment for services rendered might be delayed."

The association has explained that one of these nurses is owed almost \$300 for care of insurance patients. Furthermore, for more than half a year, she has been paid only \$36 for work performed.

Local newspapers have done what they could to straighten out the wrong twist they put on the story. They have publicized a statement that no nurse concerned in the case had the faintest idea of deserting her post in the face of danger to the patient. It has also been pointed out that since the boy was in a hospital, he had efficient nursing care while replacements were being sought for the specials who had resigned.

VANDALS' DYE

A dozen electric light bulbs recently cost Dr. Walter F. Welton, of New York City, \$1500. Instead of filaments, they contained red

aniline dye. They were "delivered" just before dawn. Vandals threw the dye-bombs against the new \$1500 oyster-gray stucco front of Dr. Welton's home. The scarlet stains, some as wide and long as a man, can't be eradicated.

The defacement was attributed to union workers who were indignant because Dr. Welton's house had been remodeled by non-union labor.

SURVEY TO ARM MEDICINE

Wisconsin has the doubtful honor of being selected as a proving ground for socialized medicine. Members of the state medical society have contributed \$10 apiece for a survey to demonstrate generally that private practice serves best and should not be tampered with. The money will be invested in the following:

1. A searching probe of hospital insurance by medical, hospital, actuarial, and legal experts.

2. A comprehensive investigation of the adequacy of medical care provided in Wisconsin. (A hand-picked committee of physicians will gather opinion and comment from colleagues throughout the state and from health officers, heads of relief agencies, hospital



the dependable urinary antiseptic **CYSTOGEN** methenamine in its purest form

When symptoms point to the infection of the ureters, bladder, prostate or posterior urethra or the renal pelvis . . . then Cystogen is indicated for immediate prescription. Cystogen's rapid action in easing renal and vesical pain, in making cloudy, fetid urine non-odorous and non-irritating has proved to be a noteworthy adjuvant to the physician's treatment of genito-urinary infections. Cystogen liberates a dilute solution of formaldehyde in the urinary tract. It is well-tolerated and may be prescribed for lengthy treatment. In 3 forms: Cystogen Tablets, Cystogen Lithia and Cystogen Aperient. Send for free samples.

CYSTOGEN CHEMICAL CO., 882-3rd Ave., Brooklyn, N.Y.



NEURITIS ?

... Pain due to NEURITIS,

neuralgia and rheumatism may be quickly relieved by prescribing Anacin. Many patients do not experience a satisfactory result from the use of aspirin or phenacetin alone. Clinical use by physicians in thousands of cases has established the value and dependability of the Anacin formula. *Samples on request.*

THE ANACIN COMPANY, JERSEY CITY, N. J.

You can depend on **ANACIN**



executives, politicians, and commercial interests).

3. An on-the-scene study of European medical systems, to be made by J. G. Crownhart, society secretary.

The \$10 assessment making all this possible was levied by the society over and above the regular dues. Members had to pay or resign.

BIRTH "IMMORAL"

Citizens of New York State are not to see the educational film, *The Birth of a Baby*. Frank P. Graves, state educational commissioner, refused to license the film last month. He charged that it is "indecent and would tend to corrupt morals."

In producing this motion picture, the American Committee on Maternal Welfare took particular pains to keep it on a high moral plane. Its objective is to give the public an understanding of the need for proper obstetrical care.

Mr. Graves' action prompted one commentator to exclaim, "So birth is immoral! Any day now our enlightened commissioner may call motherhood a crime requiring a jail sentence."

PUBLIC RELATIONS WINDOW

That display window in Marshall

Field & Company's Chicago store is still being used to excellent effect, the Illinois State Medical Society has informed MEDICAL ECONOMICS.

The space was offered to medicine by the department store about a year and a half ago. It was accepted eagerly. The store and the profession alike have benefited. Exhibits, planned by the society and changed monthly, stop passers-by and inculcate in them a deeper respect for things medical.

Most popular among recent exhibits was one showing objects swallowed by and successfully removed from patients. It included everything from an open diaper pin to a hook large enough to support a hammock.

Emulating Marshall Field & Co., the A. P. Cary Co., Dallas, Texas, has also offered window space to the local medical society.

FORGOTTEN MEN

Ninety war heroes—surgeons all—await anxiously the fate of a bill (H.R. 6498) scheduled for consideration at this session of Congress. Passed, it may make them pensionable for their services as acting assistant surgeons in the U. S. Army during the Spanish-American War,

*A Standard for
Physicians Since
1920*

EVAC-U-GEN

For both adults and children Evac-U-Gen will be found to be an agreeable and dependably effective gripeless laxative tablet. Produces softened stool of normal consistency in 8 to 10 hours when administered at night. Action in about 4 hours when given during day. Ideal for pregnant cases as pelvic congestion is avoided. Does not affect child of nursing mothers. A boon to hemorrhoids. No after constipation tendency. Non habit-forming. Contains: special Phenolphthalein augmented by its associated laxative condensation products, Sodium Salicylate $\frac{1}{4}$ gr., Bismuth Subcarbonate, $\frac{1}{8}$ gr., Bismuth Subgallate $\frac{1}{8}$ gr., and Saccharin, in special Aromatic Lactose Sucrose Base; approx.

**Gripeless
Laxative**

Free Samples

WALKER CORP & CO., Inc., Syracuse, New York

Physicians West of Rocky Mountains Address:

West Coast Medical Supply Co., 406 S. Main St., Los Angeles, Calif.

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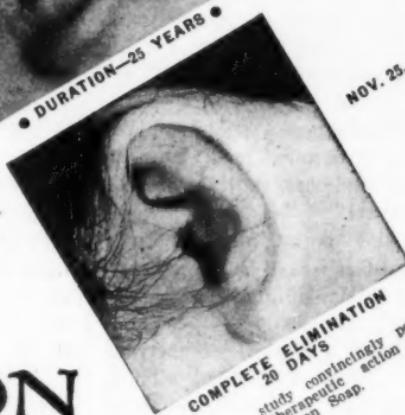
RESISTENT



• DURATION—25 YEARS •

SKIN CASES

NOV. 5, 1936



• COMPLETE ELIMINATION
20 DAYS

This case
trans the
study convincingly
Mazon and
Mazon Soap.

which have baffled phys-
icians for suitable and
effective treatment—

have yielded to:

MAZON

THE PREFERRED DERMAL THERAPEUTIC

- Readily absorbed
- Anti-pruritic
- Non-staining
- Anti-septic
- Non-greasy
- Anti-parasitic
- No bandaging is required

PHYSICIANS' REPORTS show that Mazon treatment gains controlling power over the progress of many difficult skin disorders, including those of microbial and parasitic etiology.

Many of the cases concern lesions which had previously been unresponsive to more commonly employed treatments.

Furthermore, these results have a gratifying permanency.

MAZON SOAP

guarantees the best possible results from Mazon treatment. It cleanses and properly prepares the skin for the absorption of Mazon.

We believe that your confidence in Mazon and Mazon Soap will be established soundly after a clinical trial.

- Samples and literature on request. •

BELMONT LABORATORIES, INC., PHILA., PA.

INDICATIONS

ECZEMA
PSORIASIS
ALOPECIA
RING WORM
DANDRUFF
ATHLETE'S FOOT
AND OTHER SKIN
DISORDERS

the Philippine Insurrection, and the China Expedition. Thrown out, it will deprive them of the recognition accorded to all others who have served actively in the nation's wars.

For years the Association of War Surgeons of the United States has tried to win pensions for these men. But, as Dr. George W. Ely, secretary of the association has explained to MEDICAL ECONOMICS, "Because we had a contract, Congress considered us as civilians. This, in spite of the fact that we had all the responsibilities of regular army surgeons. Yet, Congress has pensioned contract nurses. How inconsistent!"

Following is an abstract from special orders issued by army headquarters in Washington on May 24, 1900:

By direction of the Secretary of War, a board of medical officers is appointed . . . for the purpose of pursuing scientific investigations with reference to the infectious diseases prevalent on the Island of Cuba. Detail for the board:

"Major Walter Reed, surgeon, U. S. Army; James Carroll, Aristides Agramonte, Jesse W. Lazear, acting assistant surgeons, U. S. Army.

"The board will act under gen-

eral instructions to be communicated to Major Reed by the Surgeon General of the Army."

Comments Dr. Ely, "If that order does not place contract surgeons in the Army, our language lies!"

The Association of War Surgeons feels that it deserves the support not only of organized medicine but also of individual physicians throughout the country. It urges that letters be sent to members of Congress requesting support for H. R. 6498 and for its companion bill in the Senate.

OLDEST M.D. HALE AT 105

Nine years before Louis Pasteur's theories reached fruition, Dr. William M. Guilford, of Lebanon, Pa., received his degree from the University of Pennsylvania. That was in 1852.

At the age of 70 Dr. Guilford retired from practice.

"I wanted a vacation," he remarked recently on his 105th birthday, "but I didn't think it would last this long."

His "vacation" activities are much the same today as they were two years ago when MEDICAL ECONOMICS first reported them.

Most of his time is taken up with reading. Three newspapers a day

For the Eyes
OPHTHALMIC
Solution No. 2 5^{ss}

Sol. Oxycyanide of Hg.c Zinc

1. As an antiseptic Collyrium.
2. Chronic Catarrh of elderly people with marked reddening of conjunctiva, with or without secretion.
3. Diplo Bacillus Conjunctivitis.
4. Following eye injuries.
5. To relieve irritation caused by wind, dust, and bright lights.

THE DELETON COMPANY
Capitol Station, Albany, N. Y.



For the Nose and Throat
OLIODIN 3¹¹

(Iodized Oil Compound)

The action of this Iodized Oil Compound, differs from other nose and throat preparations. Oliodin produces a mild hyperemia with an exudate of serum, thus depleting the tissues. Try Oliodin in connection with forms of treatment you may be using in the nose, such as Tamponage, Sprays, etc.



Free trial samples sent on request.

IN 1937

34,895,283

IN 1938

37,342,336

THAT'S the number of Hygeia advertisements published each month. Enough individual advertisements to reach every family in every city, town and farm in the United States. Not just this year or last year—Hygeia has been a consistent advertiser for thirty years.

And every advertisement says "ASK YOUR DOCTOR." Again and again, Hygeia urges mothers and expectant mothers to seek the advice of a physician. The wide-mouthed sanitary Hygeia Bottle was invented by a physician—we are willing to abide by the judgment of professional men at all times.

HYGEIA NURSING BOTTLE COMPANY, INC.
197 Van Rensselaer St., Buffalo, N. Y.

HYGEIA THE SAFE NURSING
BOTTLE AND NIPPLE

Safety first IN TREATMENT OF GONORRHEA

Urologists recognize that safety in the treatment of Gonorrhea is, professionally, as important as effectiveness. Long experience by leading urologists has definitely demonstrated the absolute safety of pure East Indian Sandalwood Oil—the prime ingredient in Gonosan in the oral treatment of gonorrhea. With the use of Gonosan, freedom from all risks of untoward or fatal effects is assured.

GONOSAN "Riedel"

combined with mild local measures, stimulates the reparative processes, aids in relief of pain and irritation, restricts infection and inflammation. Prolonged administration does not cause renal irritation. The unvarying stability and purity of GONOSAN assures that no burden is placed on the renal or gastric systems.

Gonosan
• RIEDEL

Free to
Physicians

Send for free pad
of "General and
Dietary Instructions"
for patients.
These instructions
ensure cooperation
of patients in
carrying out
professional
advice.



RIEDEL & CO., Inc.
BERRY and SO. FIFTH ST., BROOKLYN, N.Y.

and the radio keep him up to date on politics. Although he has been retired for 35 years, he follows medical progress also, through his journals.

Among the things that marked Dr. Guilford's 105th birthday were an extra cigar (he usually smokes four a day), an automobile ride, and 105 roses from the University of Pennsylvania Alumni Association.

The Good Samaritan Hospital of Lebanon and the local medical society celebrated the record birthday by conducting a William M. Guilford clinic throughout the week in which it fell.

Boasting a grandfather who lived to 95 and a father who reached 94, Dr. Guilford is inclined to believe that he inherited longevity. Grandfather Guilford survived six years of fighting in the Revolutionary War. And his grandson had a taste of gunfire as examining surgeon of the 93rd regiment during the Civil War.

"It's all been very fine," the country's oldest living physician is wont to reminisce, "I've had good friends, good neighbors—a great deal."

DOCTORS NOT "UNEMPLOYED"

Prior to the recent unemployment census by the government a number of professional associations were asked by their members whether or not physicians, dentists, engineers, lawyers, nurses, etc., were to be covered. A representative of the American Bar Association discussed the matter with officials of the U. S. Labor and Commerce Departments. He gathered that as far as this census is concerned, there is no such thing as an



A GOOD START ~

... but as the winter season progresses, the physician sees a marked increase in the number of cases of secondary anemia due to infections and debilitory illness. For these and other cases of iron deficiency anemia, Neobovinine with Malt and Iron provides a rich source of hemoglobin building ingredients. In addition to the liver principle, each 100 cc. of Neobovinine with Malt and Iron contains 510 Mgm. of Iron in a quickly assimilable form. Neobovinine with Malt and Iron is also indicated as a general reconstructive agent.



THE BOVININE COMPANY • CHICAGO, ILLINOIS

unemployed professional. He reports that the legal profession, at least, can't decide whether it has been flattered or slighted.

It is estimated that the country has 14,000,000 industrial workers and 2,000,000 professionals.

WASHINGTON'S PESTHOLE

Conditions at many an understaffed, money-starved municipal hospital have caused a community's hands to be raised in horror. But physicians in Washington, D. C., admit that recent publicity about the Gallinger Municipal Hospital caused a record in shocked reaction.

Defects reported include a filthy kitchen, food handlers with four-plus Wassermanns, inadequate medical supplies, and petting among interns and nurses. Improperly trained personnel and shameful overcrowding in wards have also been charged.

D. C. health authorities finally appealed last month to the U. S. Public Health Service, requesting a health survey of Washington in general and of the Gallinger Hospital in particular. It is hoped that facts turned up in such a survey will convince Congress that it has not been appropriating enough

for Washington's hospitals.

Surgeon General Thomas Parran, Jr., indicated last month that the survey will be made. He pointed out that the Gallinger Hospital is but a part of the blot on Washington's health record. Ten years ago, he said, the nation's death rate from tuberculosis was 86 per 100,000 of population; Washington's was over 100. Today the country's tuberculosis death rate is down to 56 per 100,000, but Washington's tops 100.

Municipal affairs in the District are largely a responsibility of the federal government. A number of leading Washington physicians have asked how it could be expected to control medicine nationally when it has failed in so limited an area.

BRAKES ON AUTO DEATHS

Because automobiles killed 8% more people in the first ten months of 1937 than during a similar period in 1936, the safety commission of Buffalo, N. Y., asked recently for traffic safety suggestions. Some of the proposals were more colorful than practical. For instance:

1. "Every driver involved in a fatal accident should be taken to the nearest police station and shot

PINEOLEUM

REG. U. S. PAT. OFF.

with

EPHEDRINE

THE PINEOLEUM CO., 8 BRIDGE STREET, NEW YORK CITY

For quick shrinkage of the membranes, Pineoleum is now also available with an ephedrine content—in two forms: *Pineoleum with Ephedrine* in 30 cc. dropper bottles, and *Pineoleum Ephedrine Jelly* in tubes. Samples on request.

The New RESTORATIVE TREATMENT IN LEUKORRHEA

An entirely new concept of vaginitis management has been brought about with the introduction of the research development

to bring about correction of the condition, by reestablishing a normal state of the vaginal mucosa.

SEARLE

Floraquin

Now, it is possible not only to obtain quick relief but actually

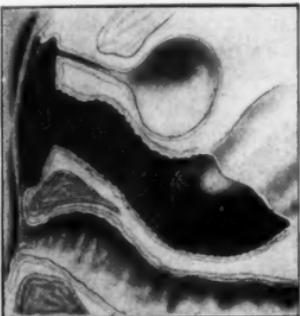
Floraquin acts by

1. Destroying pathogenic organisms, especially *Trichomonas Vaginalis*
2. Furnishing glycogen to the vaginal mucosa
3. Supplying the proper acidity for growth of Doderlein bacilli

Each Floraquin tablet contains 1½ grs. of Diodoquin (5,7-diiodo-8-hydroxyquinoline) together with lactose and specially prepared anhydrous dextrose, adjusted by acidulation with boric acid to a hydrogen ion concentration which maintains a normal pH of 4.0 when mixed with the vaginal secretion.



Inserting Floraquin Tablets in posterior and anterior fornix.



Floraquin Tablet dissolving and spreading an adherent film throughout vagina.

J.D. Searle & Co.
ETHICAL PHARMACEUTICALS SINCE 1888

NEW YORK KANSAS CITY CHICAGO SPOKANE LOS ANGELES

AN ANCIENT REMEDY
FOR AN OLD DISEASE

SULPHUR is now
effectively used in

ARTHRITIS

...especially in combination with calcium, iodine and lysidine (ethylene-ethylenediamine) in the form of

LYXANTHINE ASTIER

Relieves pain, subdues swelling, removes stiffness, increases articular motility, secures rapid removal of peri-articular infiltration, promotes active elimination of irritant and toxic waste.

ADMINISTERED PER OS

Non-irritant, does not disturb digestion. In usual dose, cholagogue; in larger dose, laxative. Usually renders use of salicylates, aspirin, or other analgesics unnecessary.

DOSE: 1 teaspoonful, well dissolved in a glass of water, on an empty stomach every morning for 20 days. Rest 10 days. Repeat, if necessary.

PLEASE SEND SAMPLE AND LITERATURE OF LYXANTHINE ASTIER.

Dr.

Address

City State.....
L2-ME

GALLIA LABORATORIES, Inc.
254 WEST 31st STREET, NEW YORK

by a special firing squad. Only about ten would have to be shot before drivers would realize that the police mean business."

2. "Every applicant for a driver's license should be photographed lying in a flower-banked coffin at the state office building. Then the photograph should be posted on the dashboard of the driver's auto as a constant reminder."

3. "Children should be taught to duck and dodge automobiles as a part of the public school curriculum."

"HOT MONEY" CHANGERS

Babies played a vital, though innocent part in a flim-flam worked recently by counterfeiters in New Haven, Conn. A gentleman with a benign countenance and five rumpled \$20 bills asked cashiers at several local hospitals for better looking 20's. The requests were accompanied by an embarrassed little smile and an explanation that the \$100 was to be left upstairs "as a present for Baby Newcome." That kept the cashiers from suspecting that the bills were counterfeit as well as rumpled.

In each case the name of a baby actually in the hospital was mentioned. It is assumed that newspaper birth columns supplied the names.

MENSTRUAL IRREGULARITY

Elmrick, Pierson, or Pearson is his name; mulcting would-be purchasers of a menstrual cup, his trade. He took an order recently for a half dozen cups and an advance payment of \$7.20 from a doctor in Berkeley, Cal. He never delivered the goods.

The Berkeley chief of police

Clean, Vigorous Membranes Protect the Nose and Throat

★ January and February are "peak months" of lowered resistance to colds and sore throats.

A daily spray of Glyco-Thymoline to the nose and throat helps to keep the mucous membranes in clean, vigorous condition. It is an invaluable safeguard against colds and throat irritations, often the onset of more serious trouble.

Glyco-Thymoline, the original alkaline preparation relieves congestion and inflammation of mucous membrane without irritation; stimulates local capillary circulation and helps to restore normal tone.



GLYCO
THYMOLINE
TRADE MARK



KRESS & OWEN COMPANY, 361-363 Pearl St., New York

Gentlemen: Please send samples of Glyco-Thymoline without cost.

Dr.

Address

City State.....

ME 1-38

wrote as follows to MEDICAL ECONOMICS last month:

"Pearson is described as 28 years of age; weight, 160; height, about 5' 10"; muscular build; medium complexion; pointed nose; dressed in a light gray suit; bareheaded; erect; and of neat appearance.

"This information is furnished so that you may warn physicians."

According to other authentic information this man has bilked doctors in New York City; Oklahoma City; Omaha, Neb.; and various towns in Arizona, Texas, California.

U. S. IN PNEUMONIA

The U. S. Public Health Service contemplates a nationwide attack on pneumonia. Nine physicians comprising the U. S. P. H. S.' advisory committee on pneumonia conferred on the project recently. It is expected that the program will

include mass inoculations with the government making serum available.

Five of the nine committee members are among the 430 signers of the much-mooted proposals that the government take over more medical practice (see December issue, page 53).

HELPING PUBLIC AID

Medical care for the indigent in Pennsylvania is not the bugbear it was.

That is why physicians there have lauded the state's new public assistance laws. Their provisions for health services to the poor were suggested by a special advisory committee of members from medical, dental, hospital, nursing, osteopathic, and pharmaceutical associations.

Typical of the indigent-care

Ralks' Ideal Suction and Pressure Treatment Unit

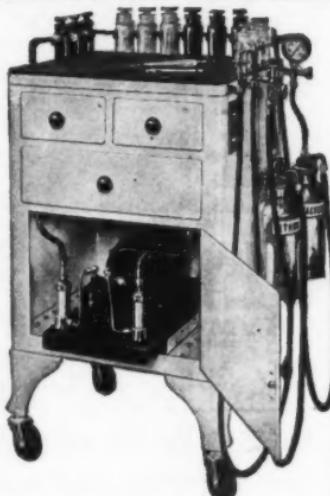
Two factors—moderate price and maximum utility—makes this unusually efficient unit outstanding as a piece of equipment for office or clinic use.

A new feature just introduced enables the physician to use this apparatus as a combination portable, office or clinic treatment unit, because now the motor unit is equipped with a carrying handle and can be taken out of the cabinet and carried to the patient's home with bottles and the necessary accessories.

**Sold Only Through Surgical
Supply Dealers**



J. SKLAR MANUFACTURING CO. BROOKLYN N. Y.



No. 4143 without ether bottle (white enamel cabinet)	\$135.00
No. 4145 complete with ether bottle (white enamel cabinet)	\$150.00
Either unit in walnut or mahogany color finish	\$5.00 extra.

HE WHO GIVES TWICE—

The proverb has it that he who gives quickly to relieve distress gives twice. The aid PERALGA affords in the relief of pain is, indeed, twofold. It not only mitigates *promptly* the suffering from headache, migraine, neuralgia, dysmenorrhea, toothache, earache, and other painful conditions, but it also quiets the nervous symptoms that attend pain. There are no secondary effects, such as drowsiness, and the patient can continue at his usual occupation, if desirable.

Peralga effectively displaces narcotics. It is a fused compound of aminopyrine and barbital, which may be safely entrusted to the patient for the purpose of *pain-prevention* as well as relief.

Peralga tablets are packed in sanitape, six and twelve in a box. Larger packages are also available for dispensing purposes. Peralga is also supplied in powder, in bottles of one-half and one ounce. The dose is one or two tablets, or six to twelve grains of the powder.

PERALGA

*A trial supply of Peralga tablets
will be gladly sent on request
on your letterhead.*



SCHERING & GLATZ, Inc., 113 West 18th Street, New York City

GLUTAN HCL

(Glutamic Acid Hydrochloride)

Modern HCL Therapy



A Superior Source of Gastric HCL because...

- 1—No unpleasant taste.
- 2—No sipping through a glass tube.
- 3—No irritation of the esophagus or decalcification of the teeth.
- 4—Put up in capsules which may be conveniently carried in purse, handbag or pocket.
- 5—Contains glutamic acid, a centuries old condiment. Acting with hydrochloric acid—the two produce a sense of well being after eating, novel to patients who have long suffered from anorexia due to hypochlorhydria.



Reg. U. S. Pat. Off.

The Calco Chemical Company, Inc.
Pharmaceutical Division

Bound Brook New Jersey
(A Division of American Cyanamid Co.)
Send clinical supply of GLUTAN HCL

Dr.
(Please Print)

Address

City..... State.....

ME-1

plans possible under the new laws is one that has been framed by the Philadelphia County Medical Society:

A so-called central healing arts committee has been established. It has fourteen members, representing various local professional associations. Also functioning is a central medical executive committee of three—two appointed by the president of the county society; one, by the local homeopathic society.

Those units see to it that persons certified as medically indigent are given necessary preventive, corrective, and curative care by the healing arts groups—medical, dental, nursing, clinical, hospital, and pharmaceutical.

Payments, so far as possible, will be made on a fee-for-service basis. The medical fee schedule calls for \$1 for an office call, \$2 for a home call, and \$25 for obstetric services. The maximum fee for surgical operations is \$50.

DISCIPLINE BY COMMITTEE

Lately, more and more medical societies are manifesting an academic, if not a practical, interest in the Medical Grievance Committee of the State of New York. It is described as being the only statutory, quasi-judicial tribunal with the power of determining guilt in licensed physicians and of recommending discipline. It tries only those cases where suspension or revocation of license may ensue.

In all other states, according to a recent report, the boards of medical examiners mete out discipline. New York, however, limits its board to examining for licensure.

[Turn the page]

The Medical Grievance Committee has ten members. They are appointed by the state board of regents to serve for five years. Four are nominated by the state medical society; two, by the state homeopathic society; and one, by the state osteopathic society. Three others are selected by the regents as being of conspicuous professional standing. Committeemen are not paid.

The committee's duty is simply to act as a court of law, hearing evidence, weighing charges, ruling on objections to testimony, and making decisions. It is authorized to administer oaths, to subpoena, and to make rules covering its own procedures. It does not function as an investigative or prosecuting body.

Only when the committee decides unanimously that a physician is guilty as charged may it report him for disciplinary action by the board of regents.

MORE PATIENTS

The Census Bureau estimated the U. S. population as 129,257,000 last month. That's almost five and a half million more Americans than were counted in the last regular census of 1930. Kansas alone has lost population since then. Nevada with about 101,000 inhabitants remains the least populous state.

HOSPITAL ON RAILS

The hospital car of the Chicago, Milwaukee, St. Paul & Pacific Railway begins another year of service to the company's employees this month. Making up its crew are Dr. and Mrs. A. R. Green, the doctor's secretary, and a Negro chef.

[Turn the page]



Control of Hemorrhage in Laryngology

Every surgeon recognizes the great difficulties presented by hemorrhage during the course of nose and throat operations. The peculiar structure of the tonsillar cavity increases the difficulty of locating the bleeding points and often conceals the nature of the bleeding.

And of course capillary oozing by clouding the field is particularly annoying to the operator.

Much of this difficulty and annoyance can be offset by the routine prophylactic administration of the safe coagulant

CEANOOTHYN

Ceanothyn induces lowered clotting time promptly. Moreover it exhibits no toxic symptoms. It is not contraindicated with any other measures that may be employed and it requires no special technic of administration—it is given by mouth.

*May we send you a sample for
clinical trial.*

FLINT, EATON & COMPANY
DECATUR ILLINOIS

Called the Metz car, in honor of Dr. A. R. Metz, the railroad's chief surgeon, this hospital on rails takes about a year and a half to cover its territory. It travels the triangular area between Lake Michigan; Rapid City, S. D.; and Kansas City, Mo. Dr. Green examines every employee concerned with the operation of trains.

At the road's main office in Chicago, medical record cards for every employee are filed. As the Metz car is hauled to a new location, a batch of cards covering employees there is forwarded. Dr. Green examines thoroughly all the company's local men while the hospital car is held on a side track. Then the record cards, brought up to date, are returned to Chicago.

Any physically impaired employee is ordered to take time out

from service until the defect is cured. No charge is made for examination; no treatment is offered. Employees are supposed to choose their own doctors.

Recently, the hospital-on-rails stopped at Milwaukee, Wis., for nearly six weeks. In that time Dr. Green examined some 1,000 men.

CHIROS ON THE WARPATH

Colorado's basic science law had scarcely passed when the state's chiropractic tribe started after its scalp. They plan to waylay the act with an amendment to the state constitution. Before the amendment can even be voted on, a specified number of signatures must go down on a petition to that end. MEDICAL ECONOMICS learned recently from the state society that more than two thirds of the necessary names have

SIXTY YEARS AGO

The first stable preparation of Hydriodic Acid was developed and placed on the market under the name of

GARDNER'S Syrup of Hydriodic Acid

Since 1878 when Robert W. Gardner presented our product to the profession it has served effectively in the treatment of those conditions for which iodine is known to be of value.

Each fluid ounce contains 6.66 grains of pure resublimed iodine. It is acid in reaction, exceedingly palatable and affords all the constitutional effects of iodine. It should replace and be preferred to potassium, sodium and strontium iodides because it does not disturb functional activity and rarely, if ever, causes the disagreeable symptoms which attend the use of alkaline iodides.

Indications include: Pneumonia and other pulmonary affections, common colds, bronchitis, laryngitis, pharyngitis, rheumatism, infections, goiter, glandular enlargements, hypertension, eczema, syphilis.

TO PREVENT SUBSTITUTION AND INSURE DISPENSING OF THE GENUINE PRODUCT—SPECIFY "GARDNER" in original bottles of either 4 or 8 ounces.

Samples and literature sent to physicians only and upon receipt of their card or letterhead.

Firm of R. W. GARDNER

ORANGE

Established 1878

NEW JERSEY



1878 - 1938



For the restful solitude of sleep—
PENTABROMIDES

In those cases where complete rest and relaxation of the patient are so all-important to rapid recovery, Pentabromides will induce sound, refreshing sleep.

A safe, effective and non-habit-forming sedative, containing the bromides of calcium, sodium, potassium, lithium and ammonium in palatable syrup form. Also available as effervescent tablets.

Available on prescription at leading pharmacies

WRITE FOR LITERATURE AND A SAMPLE

The Wm. S. Merrell Company
CINCINNATI, U. S. A.



IT ALL STARTS HERE

Modern Sterilization Technique starts with the Castle Instrument Sterilizer.

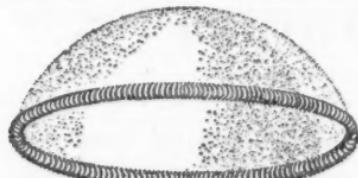
"Full-Automatic"—it runs itself.

CAST IN BRONZE Boiler—
it simply cannot leak.

Over fifty years of experience in producing improved sterilizing equipment make the Castle Instrument Sterilizer the very foundation of good sterilization technique. Write for booklet.



WILMOT CASTLE COMPANY
1143 University Ave. Rochester, N.Y.



MARVOSAN PERFECT DIAPHRAGMS

Dispensed by Prominent Ob-
stetricians and Gynecologists.

Manufactured by the makers of MARVOSAN, L-A-J and QUINSEPTIKONS with a background of 33 years in the distribution of products for feminine hygiene.

• Illustrated technique of diaphragm fitting and Hospital size tube of LEN'S Surgical Lubricating Jelly sent FREE with order for sample diaphragm for one dollar and your Rx blank enclosed with order. If size diaphragm is not given, 75mm size will be sent.

TABLAX COMPANY
Pharma-Clinical Laboratories
32 Union Square, New York, N.Y.

been rostered. The chiros have until next fall to get the balance.

Colorado physicians are uneasy. The amendment, if enacted, would not only destroy their basic science law. It would also abrogate their medical practice act, shatter many sound public health laws, and make hospitals and compensation practice stamping grounds of the cultists.

The state society has made available to its members a detailed brief (by its law firm) of the havoc to medicine and health lurking in the proposed amendment. That, it believes, should help arouse a potent counter-attack.

DISPLACES SCARLET LETTER

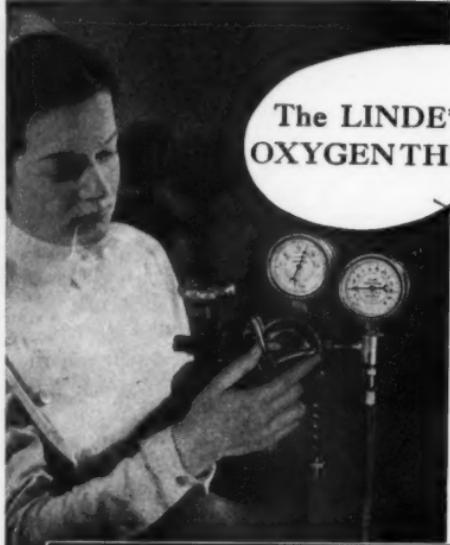
A social agency devoted solely to helping modern Hester Prynnes was set up in Detroit two years ago next month. Known as the Referral Center, this subsidiary of the Detroit Council of Social Agencies is one welfare organization approved wholeheartedly by local physicians, according to comments made to MEDICAL ECONOMICS.

The first concern of the center is that unmarried expectant mothers shall get proper medical attention. Those financially equipped are urged to go without delay to a private physician if they have not already done so. Others are cared for by staff doctors at one of four local maternity hospitals providing prenatal and postnatal resident care. This is done only upon the advice of a private physician interested in the case.

Indigents are cared for by the local board of health.

The center has four functions:

1. Giving information about confinement care facilities to unmar-



The LINDE* R-50 OXYGEN THERAPY REGULATOR

*... for all phases
of Oxygen Therapy
Application*

ADVANTAGES

CYLINDER CONTENTS GAUGE gives a triple reading for the oxygen content of the cylinder—in fractions of a full cylinder, in liters and in cubic feet.

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TWO-STAGE MECHANISM insures control of oxygen flow with greatest possible precision.

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The Linde R-50 Oxygen Therapy Regulator has been accepted by the Council on Physical Therapy of the American Medical Association.

*Trade-Mark



Linde makes freely available to hospitals and members of the medical profession up-to-date information on the technical and mechanical phases of oxygen therapy. A new booklet, "Handbook of Current Practices in Operating Oxygen Therapy Equipment," is now ready. Also available are reprints of many articles on oxygen therapy, and a Linde motion picture, "Current Practices in Operating Oxygen Therapy Equipment." Any Linde office will be glad to provide this literature or loan the film, without obligating you.

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U.S.P.
OXYGEN



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69 Plants - 97 Warehouse Stocks

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ried mothers who lack private physicians.

2. Legally establishing children's paternity.

3. Getting financial aid for impoverished mothers who wish to keep their children.

4. Directing unmarried mothers to appropriate sources of help whether they wish to keep their babies or to release them for adoption.

Most cases come to the center via the police departments; others are sent by hospital social service departments, social workers, and visiting nurses; a few, by private physicians.

EIGHT-HOUR NURSING DAYS

A notable increase has taken place in the number of special nurses on eight-hour schedules. Well over 1,000 hospitals in all parts of the

country have instituted eight-hour nursing days. In about 90% of the hospitals with the shorter-hour régime nurses have no choice—they must work on an eight-hour schedule. In others, it is optional.

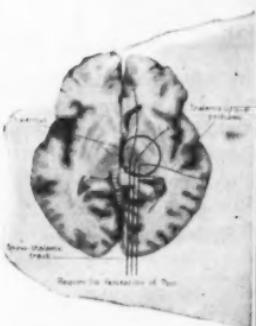
DEFINE LOW-INCOME GROUP

A specific definition of the so-called "low-income group" has been a long time coming. But one is offered at last by the Providence (R. I.) Medical Association in a recently publicized report.

On November 4, 1935, the association appointed a committee to determine (1) whether or not many persons in the low-income group are financially ruptured by the strain of paying doctors' bills; (2) if so, how many lack decent medical care as a result.

The task required some working definitions. [Turn the page]

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7 important
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the satisfactory
Topical Anodyne

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- 2-FAST ACTION
- 3-★ LONG LASTING EFFECT
- 4-NO BLISTERING
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- 6-MANIFOLD USES
- 7-ECONOMY



THE ETHICAL TOPICAL ANODYNE

BET-U-LOL

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Economical*

DeVilbiss Electric
Steam Vaporizer
No. 46



This all-aluminum vaporizer for steam inhalation, meets the need for a moderately priced, yet safe and dependable home-use instrument. You can prescribe it without hesitation.

Outstanding features include: Percolator-type heating unit. Perforated depression of cover holds cotton on which medication is placed. Cotton is thrown away after use, eliminating the necessity of cleaning vaporizer. Insulated base gives complete protection against burning furniture.

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In addition to the No. 46, DeVilbiss offers the popular No. 42 Vaporizer of glass and molded plastic which insures the greatest possible absorption of medicaments. Price, \$5.00.

Both of these vaporizers are entirely reliable. They are the most convenient instruments available for inhalation of warm medicated vapor.



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City State



EFFECTIVELY relieves menstrual pain without producing an hypnotic or retiring effect. It permits the patient to continue with her regular duties.

Menstrulletts are indicated in dysmenorrhea, ovarian neuralgia; to control the after pains of labor and to provide relief in other female disorders. The use of Jamaica Dogwood, a vegetable sedative, is one of the outstanding features of the preparation.

A clinical trial supply of Menstrulletts will be furnished gladly upon receipt of the coupon.

After investigation the committee decided that low income means \$900 for a family of four; \$1100 for five; \$1300 for six; \$1500 for seven.

Personnel directors and industrial nurses in a number of large local industrial concerns were asked to question employees in the foregoing income categories.

Fifteen hundred individuals were interviewed. Of those in the low-income group, more than 64% admitted having been well cared for in sickness without the fees being an undue hardship. About 20% had needed no medical service during the period covered by the questionnaire.

Two low-incomees failed to receive proper medical care ("probably through their own neglect," declares the association); two used free clinics when they should have called private practitioners. Three either underpaid their doctor or failed to pay at all. Six paid too much.

It was found that in Providence, an urban center, the average charge to the low income group was \$2.53 for home visits, \$1.90 for office visits.

The number of cases studied was small. But the association claims

To prevent SYPHILIS and GONORRHEA

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Laboratory tested
PROPHYLACTIC
The anti-venereal disease campaign is on. Use only the laboratory tested SANITUBE — prescribed by physician for 25 years.
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THE Aristocrat..

Among the agents used for the *correction* of constipation and allied colon disorders, Kondremul is outstanding for thoroughness with which the microscopic particles of oil remain emulsified *within the bowel*.

The selection of Irish Moss (*Chondrus Crispus*) as the emulsifying agent in Kondremul accounts for the tough film which surrounds each oil particle, resists coalescence and prevents leakage.

This superior emulsion mixes with and softens the fecal con-

tent, thereby rendering natural elimination easier.

3 TYPES

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A safe corrective for children and adults.

KONDREMUL WITH CASCARA

Tonic laxative and regulator.

KONDREMUL WITH PHENOLPHTHALEIN

For more resistant cases.

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Dr.

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- KONDREMUL (with Cascara) (Mark Preference)

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FIFTH AGE of MAN

The male climacteric, or Fifth Age of Man, is a period of sexual, particularly prostatic, insufficiency, varying widely in time of onset, but well recognized both by physical and mental aberrations. The rational therapeutic attack is a combined local and systemic campaign. PERANDREN, "Ciba", the chemically prepared male hormone, provides measured and sustained systemic approach.

PERANDREN, "Ciba", (testosterone propionate) is useful in functional insufficiency, defective development (infantilism, cryptorchism, dystrophia adiposogenitalis, etc.) eunuchoidism and prostatic hypertrophy.

PERANDREN, "Ciba", is available in ampules containing approximately 250 International Units in sterile oil solution for subcutaneous or intravenous use. Please use your letter-head when asking for literature.

AMPULES



that the results were accurate and fairly representative. It is satisfied that the vast majority of low-income patients receive and pay for adequate medical care without ending up in poverty.

ANATOMY BY SHIRT

Enter the anatomical shirt—a new idea for training first-aiders. Made by a safety-appliance company, the garment is similar to the athlete's beloved sweat shirt. On it black outlines and colored areas show the approximate size and location of the arteries, bones, and organs in a wearer's torso and arms.

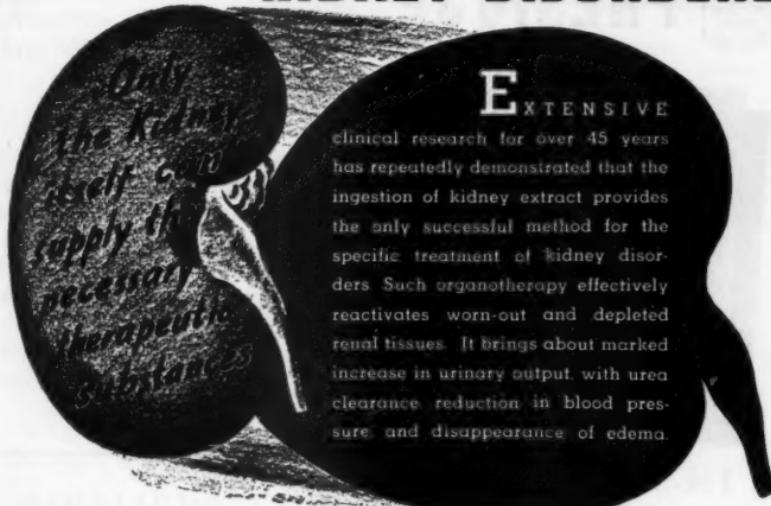
ROUGH ON SPIROCHETES

"The New York City Health Department's plan to combat syphilis is successful because we have made every effort to secure the interest and cooperation of private physicians," John L. Rice, M.D., city commissioner of health, told MEDICAL ECONOMICS recently. "The doctors are benefiting, too," he added, in effect.

They receive free diagnostic and consultation service for their private patients. Laboratory service is available to them gratis. It includes serologic tests, spinal fluid and smear examinations, and intradermal tests for lymphogranuloma inguinale. Free drugs are distributed for the treatment of private patients regardless of their economic status. And, finally, applicants at city clinics who request private physicians are routed to one in their own neighborhood. This is done by having the patient select a name from a list supplied to the city health department by the

[Turn the page]

The outstanding treatment for KIDNEY DISORDERS



EXTENSIVE

Clinical research for over 45 years has repeatedly demonstrated that the ingestion of kidney extract provides the only successful method for the specific treatment of kidney disorders. Such organotherapy effectively reactivates worn-out and depleted renal tissues. It brings about marked increase in urinary output, with urea clearance reduction in blood pressure and disappearance of edema.

The outstanding agent for ORAL OPOTHERAPY



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Applied locally on a pledge or dropped into the ear canal it has a marked analgesic, antiseptic, and healing effect. Its bactericidal action quickly checks the spread of infection and hastens the return of healthy tissue.

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City & State.....

five local medical societies.

In nine months of last year almost 700 patients were referred to private physicians by city clinics. Drugs were supplied without charge to nearly 600 doctors for use in treating almost 3,000 syphilitics.

MILLIONS FOR BEDS

Over half the millions invested in hospitals from July, 1933 to December, 1936 came from the lavish hand of the P.W.A., Administrator Harold L. Ickes has just revealed. The P.W.A. has added 61,000 hospital beds to the nation's facilities. Of those, 51,000 are in 388 non-federal projects to which Mr. Ickes granted \$51,249,762.

JUST PUBLISHED

ARTICLES

WHAT 19,000 DOCTORS COULD TELL US, by Douglass W. Orr, M.D. and Jean W. Orr. Some English wage-earners and panel doctors are interviewed on the subject of health insurance. (*Survey Graphic*, December, 1937)

AN ANTHROPOLOGIST LOOKS AT DOCTORS, by Ernest A. Hooton. Suggesting that doctors center more of their attention on well human beings. (*Forum*, December, 1937)

THE RISE OF PUBLIC WELFARE, by Fred K. Hoehler. (*Survey Graphic*, December, 1937)

BOOKS

HARLOW BROOKS, by John J. Moorhead, M.D. A portrait of his medical career. (Harper, \$3.50)

THE PHYSICIAN'S BUSINESS, by George

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YOUR WILL: AND WHAT NOT TO DO
ABOUT IT, by René A. Wormser. Advice by an attorney. (Simon & Schuster, \$2)

THE DOCTOR LOOKS AT MURDER, by Edward M. Marten, M.D. and Norman Cross. Crime detection through medical examination. (Doubleday, Doran, \$3)

NOT SO LONG AGO, by Cecil K. Drinker, M.D. Doctors and medicine in colonial Philadelphia. (Oxford, \$3.50)

LIFE EARNINGS IN SELECTED OCCUPATIONS, by Harold C. Clark. Including sections on medicine and nursing. (Harper, \$5)

SOCIALIZED MEDICINE IN THE SOVIET UNION, by Henry E. Sigerist, M.D. (Norton, \$3.50)

PERSONALITY AND OTHER THINGS, by Harold Hays, M.D. (American Physician, \$2)

MY SCRAPBOOK OF MEDICINE, by Louis R. Effler, M.D. Squibs in prose and verse on events that have made medical history. (McManus-Troup)

WHEN YOU BUY OR BUILD A HOME, by Arthur M. Weimer and John J. Rowland. (Ronald Press, \$2)

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ELIXIR IODO-BROMIDE OF CALCIUM COMPOUND is palatable, effective—and because it is an oral prescription, repeated office calls are unnecessary—a fact which most Syphilitic patients will appreciate.

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When No Objective Symptoms Are Present

Clinically, 95% of the cases of rheumatoid pains in the lower extremities are directly traceable to muscular and ligamentous strain, induced by weak or broken down arches. It is therefore important to examine the feet when no objective symptoms of rheumatism are present.

Foot arch conditions are easily detected. Uneven wear of the soles and heels; postural defects in standing or walking; callosities on the soles; tired, aching feet; pain in arch, instep or heel; cramped toes, corns, bunions, excessive perspiration—these are the commonest manifestations of weak or broken down arches.

complete correction is effected, after which they no longer need be worn. Only this type of individualized fitting has orthopedic value. So-called "arch support" shoes or appliances of one standard elevation to fit all feet and non-adjustable construction are obviously valueless.

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LITERATURE & SAMPLES

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MICROSCOPES: A handsome, 15-page booklet has just been issued which illustrates and describes Bausch & Lomb's line of medical microscopes and accessories. For your copy, write to the Bausch & Lomb Optical Company (ME 1-38), 635 St. Paul St., Rochester, N. Y.

GAUZE: Facts about Pyrogawz are presented in literature available from the R. J. Strasenburgh Company (ME 1-38), 195 Exchange St., Rochester, N. Y. Pyrogawz is a brand new sterile gauze strip which, the makers promise, will not stick to wounds. It holds a film composed of a special bland antiseptic base containing tannic acid, ichthylol, and benzocaine.

DOUCHE POWDER: Through this sample offer, Fem Products Company (ME 1-38), 121 E. 114th St., New York, N. Y., introduces you to Femettes. The product is described as a scientifically controlled acid douche with a hydrogen-ion concentration equivalent to that of normal vaginal

secretion, a surface tension half that of water, and a phenol coefficient of 250. It's also highly antiseptic, detergent, deodorant, and healing, the makers say. Femettes are supplied in individual-dose units of predetermined quantity for a two-quart solution.

SCHOOL: Parents often ask their medical advisor to suggest a boy's school where health and physical development are emphasized. The New York Military Academy is just such a school. You'll find it well worth while, therefore, to request a copy of the academy's interesting new catalog. Write New York Military Academy (ME 1-38), Cornwall-on-Hudson, N. Y.

ECZEMA: For a free sample of Supertah Ointment, write to the Tailby-Nason Company (ME 1-38), Kendall Square Sta., Boston, Mass. Supertah is a white, creamy ointment prepared from a concentrate of crude coal tar. The makers point out that more than 50,000 doctors who have tried the product in treating eczema have found that it produces marked results without staining or burning.

DIET CARDS: Diet charts in card form are an innovation you are bound to find interesting. Each diet—and there's one for each of 33 conditions—is permanently imprinted on tough, flexible celluloid, about the size of your professional card. The chart is enclosed in an individual envelope bearing your name, address, and phone number, together with the patient's name, date of issue, and memoranda.

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ARTHRITIS: Jovan Colloidal Sulphur is prescribed for oral administration in arthritis and allied conditions. It is said to be highly assimilable, having no objectionable odor or taste and producing no gastric disturbance. It has proved a valuable aid in alleviating joint symptoms, reducing intestinal toxemia, stimulating the eliminative processes, and improving liver detoxification. For samples, write to Jovan Laboratories, Inc. (ME 1-38), 95 Liberty St., New York, N. Y.

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GONADAL HYPOFUNCTION: The makers of Ovacoids and Testacoids offer you free samples. These two extracts of fresh glands are said to offer a simple and potent means for relieving the many psycho-physical disturbances arising from ovarian and testicular deficiency. They are available in highly concentrated, physiologically standardized form for oral administration. Write to Reed & Carnrick (ME 1-38), 155 Van Wagenen Ave., Jersey City, N. J.

STREPTOCOCCUS INFECTIONS:

Copies of a new leaflet about Pentomyl are now being distributed among doctors by Vincent Christina, Inc. (ME 1-38), 215 East 22nd St., New York, N. Y. Pentomyl is said to exert a beneficial action upon the reticuloendothelial system in cases of streptococcus and staphylococcus infection.

COUGHS: For obtaining quick relief from the coughs of pertussis, bronchitis, or asthma, the makers of Bell's Syrup of Codeine invite you to try their product. It is palatable, cherry-colored syrup, well tolerated by children. Besides the codeine, this exempt narcotic contains ammonium chloride, ipecac, glycerine, sugar, water, flavoring, and senna. Address the Hollingsmith Company (ME 1-38), Orangeburg, N. Y.

GALL-BLADDER DISEASE: Facts about Cholgestin are contained in an attractive new booklet, "The Pre-Gallstone Stage." Cholgestin is a choleric made up of a bile salt and sodium salicylate. It is indicated for the treatment of biliary stasis and gall-bladder disease in its early stages. Besides the booklet, the F. H. Strong Company (ME 1-38), 160 Varick St., New York, N. Y., will send you a generous sample and dietetic information. Please enclose professional card.

CHRONIC ARTHRITIS: "The Value of Histamine By Inunction in the Treatment of Chronic Arthritis," by Dr. Albert G. Young, is the title of a reprint available from Hoffman-La Roche, Inc. (ME 1-38), Nutley, N. J. It discusses in detail the use of Imadyl Unction.

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